

Exhibit 2

Deposition Transcript of
Banwarlal Chowdhury
from June 6, 2023 and July 27, 2023

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

JOSHUA A. MOSES,)
)
 Plaintiff,)
) CASE NO.
 -vs-) 20-cv-1025
)
 DR. RAVI SOOD, DR. LOUIS G.)
 PARES, DR. B. CHOWDHURY,)
 NICOLETTA TURNER-POSTER, DAVID)
 ORTIZ, UNITED STATES OF)
 AMERICA, and BUREAU OF PRISONS,)
 JANE/JOHN DOES 1-10,)
)
 Defendants.)

(VOLUME I)
SWORN DEPOSITION TESTIMONY
OF:
BHANWARLAL CHOWDHURY, M.D.

Veritext Legal Solutions

800-227-8440

973-410-4040

TRANSCRIPT of the stenographic notes of
the proceedings in the above-entitled matter, as
taken by and before LYDIA F. McDONNELL, a Certified
Shorthand Reporter and Notary Public of the State of
New Jersey, held at the office of LENOX, SOCEY,
FORMIDONI, GIORDANO, LANG, CARRIGG & CASEY, LLC, 136
Franklin Corner Road, Unit B2, Lawrenceville,
New Jersey, on Wednesday, June 7, 2023, commencing at
2:09 p.m.

Veritext Legal Solutions

800-227-8440

973-410-4040

A P P E A R A N C E S:

REEDSMITH, LLP
BY: DON A. INNAMORATO, ESQ.
500 Carnegie Center, Suite 300
Princeton, New Jersey 08540
609-987-0054
dinnamorato@reedsmith.com
Attorneys for the Plaintiff

LENOX, SOCEY, FORMIDONI, GIORDANO, LANG,
CARRIGG & CASEY, LLC,
BY: MICHAEL A. PATTANITE, JR., ESQ.
136 Franklin Corner Road, Unit B2
Lawrenceville, New Jersey 08648
609-896-2000
mpattanite@lenoxlaw.com
Attorneys for the Defendant,
Dr. B. Chowdhury

UNITED STATES ATTORNEYS' OFFICE
DISTRICT OF NEW JERSEY
BY: MATTHEW J. MAILLOUX, ESQ.
970 Broad Street, Suite 700
Newark, New Jersey 07102
973-645-2937
matthew.mailloux@usdoj.gov
Attorneys for the Defendants,
Dr. Ravi Sood, Nicoletta Turner-Foster, David
Ortiz, United States of America and Bureau of
Prisons
(via teleconference)

ALSO PRESENT:
Saranne Weimer, Esq. - ReedSmith, LLP

Veritext Legal Solutions

800-227-8440

973-410-4040

I N D E X

WITNESS: BHANWARLAL CHOWDHURY, M.D.

DIRECT CROSS REDIRECT RECROSS

MR. INNAMORATO 5

E X H I B I T S

NUMBER	DESCRIPTION	PAGE
Chowdhury-1	Handwritten treatment notes Bates-stamped US000407 and US000408.....	79
Chowdhury-2	Surgical Consultation Bates-stamped US000470 and US000471.....	111
Chowdhury-3	Final Report Bates-stamped US000478 through US000480.....	117

(Exhibits attached to transcript.)

SPECIAL REQUESTS

(No special requests)

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 5

1 BHANWARLAL CHOWDHURY, M.D.,
2 having been duly sworn by the Notary Public,
3 testified as follows:

4 DIRECT EXAMINATION BY MR. INNAMORATO:

5 Q. Good afternoon, Dr. Chowdhury. My name
6 is Don Innamorato, and I represent the Plaintiff in
7 this case, Joshua Moses, which I believe was a former
8 patient of yours.

9 Have you ever been deposed before like
10 this?

11 A. Yes, I have been.

12 Q. Okay. And what was that in connection
13 with?

14 A. Malpractice.

15 Q. Okay. I'll get to that in a moment, but
16 regardless of how many times you've testified, I want
17 to give you the rules that I use for the deposition
18 today, okay?

19 If you don't hear or understand a
20 question that I ask you, just let me know --

21 A. Okay.

22 Q. -- okay?

23 We have to give verbal answers --

24 A. Right.

25 Q. -- to every question. And so, you know,

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 6

1 a shrug of the shoulders may not work. All right?

2 A. Right. That's right. Yeah.

3 Q. I will not talk over you, and I hope you
4 won't talk over me, although it's gonna happen. It
5 happens every time. All right. But we'll try to
6 limit that.

7 And if we review documents during the
8 deposition, I want you to take the time that you need
9 to review it to make sure that -- that you
10 understand, you know, what the document states. All
11 right?

12 A. Right.

13 Q. Okay. And if at any time you want to
14 take a break, just let me know.

15 A. Right.

16 Q. Okay. Can you state your name for the
17 record, please?

18 A. Bhanwarlal Chowdhury.

19 Q. And, Doctor, have you taken any
20 medications today that might interfere with your
21 ability to hear my questions or understand them?

22 A. No, I have not.

23 Q. Okay. And what is your age, Doctor?

24 A. Eighty-four.

25 Q. Do you have -- before coming here today,

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 7

1 did you do any preparation for your deposition? And
2 I'm gonna warn you, don't tell me anything that your
3 lawyer told you. All right? But did you do
4 preparation for this?

5 A. I did.

6 Q. Okay. Did you meet with your lawyer?

7 A. Pardon me?

8 Q. Did you meet with your lawyer?

9 A. Meet with?

10 Q. Meet with your lawyer?

11 A. I did.

12 Q. Okay. All right. How many times?

13 A. One time.

14 Q. Okay. That's enough, right?

15 MR. PATTANITE: Never enough.

16 A. Yes.

17 Q. And did you review any records during
18 your -- your prep session?

19 A. I did.

20 Q. All right. Do you remember what -- what
21 these were?

22 A. That was Mr. Moses' deposition, and an
23 article from Wikipedia.

24 Q. Okay. I want to get a little bit about
25 your background, and I'm not going all the way back.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 8

1 Where did you attend medical school?

2 A. It was SMS Medical College, Jaipal,
3 India.

4 Q. All right. And when did you graduate
5 that?

6 A. 1964.

7 Q. And was that -- have you had any
8 specialties in the area of medicine?

9 A. I am a gastroenterologist.

10 Q. All right. Are you board certified or
11 have you --

12 A. I am board certified.

13 Q. Okay. Has that been continuous since
14 you originally got your --

15 A. Continuous ever since I got my board,
16 yeah.

17 Q. All right. And when were you first
18 board certified in -- in gastroenterology?

19 A. '76 -- 1978.

20 Q. Okay. Have you -- where do you
21 currently -- where are you currently licensed to
22 practice medicine?

23 A. At present I'm working as an internist
24 in a clinic, AZE Medical. That's the name of the
25 clinic.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 9

Q. Okay. And do you hold a license in New Jersey to practice medicine?

A. I do.

Q. Any other states?

A. None.

Q. Okay. Now, have any of your licenses ever been revoked or suspended for any reason?

A. No.

Q. And have you been -- ever been disciplined by any governmental board or agency?

A. No.

Q. You just told me where you are practicing medicine. How long have you been there?

A. This place, I've been there for one year.

Q. Where did you practice? What -- what type of practice did you have before?

A. I practiced as an internist and a gastroenterologist in my own private practice.

Q. All right. And how long have you had your own private practice?

A. Since 1978 --

Q. And --

A. -- up until -- up until 1920 (sic).

Q. Okay.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 10

A. Or -- sorry -- 2020.

Q. 2020. Right.

Now, do you have or hold what's known as "privileges" at any hospital?

A. I did, at St. Francis Medical Center in Trenton, New Jersey.

Q. In Trenton, okay.

A. The hospital is closed now.

Q. How long has it been where you have not practiced at St. Francis, I guess when it closed?

A. Since 1920 (sic).

Q. 2020?

A. Twenty now, right. 2020. Sorry, 2020.

Q. That's quite all right.

A. I'll have to write it down now. 2020, yes. Yeah. When Covid hit, they stopped the procedure. I -- I used to do endoscopies and colonoscopies. But during the Covid time, they were -- they were sharing beds -- sharing beds for the Covid patients, so we were not allowed to do endoscopy.

Q. Okay. And then why is that? In terms of do you know why they stopped doing endoscopies?

A. Because they used the beds for the -- beds and the facility for the Covid patients.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 11

Q. I see. I see. So it was a capacity --

A. Yes.

Q. -- issue.

A. So that -- that -- that was the time when I closed my practice because -- because of my -- my age and my doctor's -- my own doctor's recommendation. I was not supposed to be in close contact with any patients, so I closed my practice --

Q. And that was --

A. -- in 2020.

Q. Okay. And that was because of the higher risk --

A. Higher risk, yeah.

Q. -- for Covid?

A. Yeah.

Q. Okay. How many --

A. Age --

Q. I'm sorry. Go ahead.

A. Age-related higher risk. How about that?

Q. All right. How long did you practice at or through St. Francis?

A. Since 1978.

Q. And have your privileges at St. Francis ever been suspended or withdrawn?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 12

A. No.

Q. Have you ever held privileges -- had privileges at any other hospital?

A. I did.

Q. And where was that?

A. Robert Wood Johnson University Hospital at Hamilton.

Q. And -- and what was the -- the time period for that?

A. Since 1978 up until, I think, 2015.

Q. Okay. And were your privileges at Robert Wood Johnson ever revoked or suspended?

A. No.

Q. Any other hospitals that you've had privileges or...

A. Briefly at Helene Fuld Medical Center in Trenton, New Jersey.

Q. Okay. And do you remember just the approximate period for that?

A. I don't. It was, as I said, for a brief time.

Q. Okay. Was there a reason why you ended that privilege?

A. Because of my age, I did not want to move around too much in three hospitals, so I decided

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 13

1 not to go there anymore. Same reason for not going
2 to Robert Wood Johnson Hospital in Hamilton.

3 Q. Okay.

4 A. I --

5 Q. It's a long trip for you, right, to
6 Hamilton?

7 A. Well, it's a -- yeah. It's a long trip,
8 so I limited myself to my office and St. Francis
9 Medical Center before I closed my practice.

10 Q. And when -- what year did you close your
11 practice again? I'm sorry.

12 A. 2020.

13 Q. Okay. All right. Doctor, other than
14 Mr. Moses's lawsuit, the one that we're here for
15 today, have you ever been a defendant in a medical
16 malpractice lawsuit?

17 A. Yes, I have.

18 Q. Okay. And can you give me a description
19 of how many? Is it more than one?

20 A. More than one you can write, yes.

21 Q. Okay. Did they -- did that lawsuit
22 involve an inmate?

23 A. No.

24 Q. All right. Can you just give me a -- a
25 thumbnail sketch as to what was alleged in that case?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 14

1 A. One patient was transferred from
2 hospital to a nursing home; and after three, four
3 days of stay in the nursing home, her condition
4 declined, and she was sent back to the hospital. And
5 unfortunately, she passed away in the hospital --

6 Q. Okay.

7 A. -- so the family brought a malpractice
8 case against me.

9 Q. All right.

10 A. But I saw her only once in the nursing
11 home.

12 Q. Okay. Do you remember approximately
13 when that lawsuit was? How many years ago?

14 A. I don't. I wish I -- I could tell you
15 all the -- all the detail, but I don't -- I don't
16 have the dates.

17 Q. Okay. More than ten years ago?

18 A. More than ten years ago --

19 Q. Okay.

20 A. -- yeah.

21 More than 20 years ago.

22 Q. All right. Other than that malpractice
23 lawsuit, have you ever been sued for malpractice in
24 any other way -- any other time?

25 A. There was a patient who I did

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 15

1 colonoscopy and he had a bleeding from a polyp that I
2 removed, and then that's when he required surgery and
3 there was multiple complications. That was -- that
4 was another case.

5 Q. In either of the two cases, did they
6 ever go to trial?

7 A. They did.

8 Q. Okay. And did you testify at the trial?

9 A. I did.

10 Q. Can you tell me what the result was?

11 A. Both cases I was held not guilty.

12 Q. Okay.

13 A. It was a jury trial --

14 Q. Okay.

15 A. -- on both cases.

16 Q. All right. And these are both more than
17 ten years ago?

18 A. More than 20 years ago.

19 Q. All right. Are those the only two cases
20 that you've been involved with for malpractice --

21 A. There --

22 Q. -- other than this one?

23 A. There was one patient in a nursing home
24 where I replaced her feeding tube. And
25 unfortunately, the feeding tube went the wrong way

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 16

1 and I had to send to hospital.

2 Q. And -- and approximately when was that?

3 A. Twenty years ago.

4 Q. And other than medical malpractice cases
5 have you ever been a defendant in a lawsuit?

6 A. No other lawsuit, no.

7 Q. All right. Even as a -- have you ever
8 been a plaintiff in a lawsuit?

9 A. What is a plaintiff? I....

10 Q. Oh. I'm sorry. The one who brings --
11 I'm sorry. The one who brings the lawsuit.

12 A. You mean I brought a lawsuit?

13 Q. You sued somebody.

14 A. I did not.

15 Q. Okay.

16 A. I'm very religious person.

(Reporter requests repeat.)

18 A. I'm a very religious person. I don't
19 believe in lawsuits against anybody.

20 THE WITNESS: Put it in capital letters.

21 MR. INNAMORATO: You're gonna put Mike
22 and I out of business.

(Laughter.)

24 THE WITNESS: I had a sticker one time.
25 I attended a malpractice conference --

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 17

MR. INNAMORATO: Right.

THE WITNESS: -- and the sticker said: Become a Doctor -- and within parentheses, the next line was -- and Support a Lawyer.

(Laughter.)

Q. Have you ever --

MR. PATTANITE: That's good.

Q. Either in your private practice or through St. Francis or Robert Wood or the other hospital, have you ever been investigated by any federal or state agencies for Medicare fraud, that type of thing?

A. No.

Q. Now, Doctor, have you ever provided care to prison inmates as part of your practice?

A. Yes, I did.

Q. And when did you first start that?

A. Again, I don't have the exact date, but maybe 2015 to 2020.

Q. Okay. Was that the only time that you gave care to -- to inmates?

A. That's right.

Q. And was that care provided at St. Francis?

A. That's right.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 18

Q. Okay. And was that continuous from 2015 to 2020?

A. It was, yes. Uh-huh.

Q. And what type of care did you provide for prison inmates?

A. Well, two types: One is when they came to the St. Francis Hospital and they required gastroenterology consultation or procedures, I performed them for -- I performed those procedures, and that was part of -- you know, one part of the care. And the other -- other was that they had clinics there in the prison system where I would usually, once a month or so, sometimes once in two months, I will go to the prisons and provide care --

Q. Okay.

A. -- and consultation services.

Q. I'm sorry. Was there any particular prison that you visited through the clinic?

A. One was Fort Dix prison, and the -- and the -- the other was the State prisons where I -- I basically did the TeleMed. I did not go to the sites.

Q. So it was telemedicine you mean?

A. Right.

Q. Okay. Was that back in 2015 or was

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 19

that --

A. 2015 to 2020 you can say.

Q. All right. Was telemedicine back then visual or was it more by phone? Just audio?

A. Visual. Uh-huh.

Q. Okay. During that period, that five-year period that you provided care to prison inmates, about what percentage of your total practice time was devoted to that?

A. Maybe 5 to 10 percent.

Q. All right. And sort of getting a feel for that 5 to 10 percent, how many inmates a month would you generally be seeing on average?

A. I couldn't tell you these numbers now.

Q. Was it every month?

A. Depending upon who came to the hospital for sickness --

Q. All right.

A. -- unless I do GI tract.

Q. Okay. And --

A. And then the outpatient endoscopy procedures were also scheduled under my name.

Q. All right. In terms of -- I'm trying to get a -- get a sense of the number of inmate patients that you had.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 20

A. You could say five -- three to five patients per week.

Q. During -- during the average -- that would be an average.

A. Right.

Q. Okay. And of that, did you have more that would be coming to the clinic -- and that would be -- the clinic would be going out to Fort Dix, for example, correct?

A. Pardon me?

Q. You would actually go to Fort Dix?

A. Go to Fort Dix, yes. Uh-huh.

Q. Okay. Was there any other physicians with you in that part of the clinic?

A. There were physicians from all specialties there: surgery, foot doctor, psychiatry. Different -- different fields.

Q. Would you go out together or just...

A. No. Own -- we had our own schedule.

Q. Okay. To your knowledge, Doctor -- well, let me ask you this: Was that work pro bono, meaning free, or was there some type of compensation given to either you or St. Francis for the inmate work?

A. Inmate work was compensated by the

Veritext Legal Solutions

800-227-8440

973-410-4040

1 prison system.

2 Q. All right. And are you aware of any
3 kind of contractual arrangement between the Bureau of
4 Prisons and St. Francis or the clinic?

5 A. With St. Francis, I do not know. I have
6 no knowledge what system they had.

7 Q. How about the -- the clinic that you....

8 A. The clinic that I conducted was the --
9 they paid me directly. The prison system paid me for
10 the visit to the clinic.

11 Q. For each visit of an inmate?

12 A. Not each inmate, but for -- for the --
13 that -- that day's clinic they would pay me a flat
14 amount.

15 Q. Oh. A flat fee. That's what I was
16 trying to get at.

17 A. Right.

18 Q. Okay. And the flat fee would be paid
19 whether you saw one or more? It's the same flat fee,
20 so you're not being paid individually per inmate?

21 A. No.

22 Q. Okay. Had that been the arrangement
23 throughout your time doing the clinic at Fort Dix?

24 A. Yes.

25 Q. And without getting into amounts, the

1 flat fee that the Bureau -- the Bureau of Prisons
2 paid you at the clinic, was that at a higher rate
3 than you would normally charge or a lower rate or the
4 same for the patient visits?

5 A. You mean the hourly rate here?

6 Q. Yeah. If you -- if you can -- if you
7 can distill it down to an hourly rate.

8 A. I never worked at this hourly rate with
9 any other organization, so I cannot give you a
10 calculated figure.

11 Q. Okay. So you -- you can't really tell
12 whether the flat fee, if you broke it down per
13 patient, was more or less than your normal patients.

14 A. No, I cannot.

15 Q. All right. Other than the flat fee
16 during your work for the Bureau of Prisons, were you
17 given any type of budget you had to stay within other
18 than the flat fee?

19 A. I didn't understand your question.

20 Q. I'm sorry.

21 A. I was....

22 Q. I know that -- we're talking -- we're
23 discussing the clinic that you --

24 A. Right. Right.

25 Q. And you were given a flat fee. Was that

1 monthly or yearly?

2 A. Monthly.

3 Q. Monthly. Did it go up or down?

4 A. No, it did not. It was fixed.

5 Q. Okay. So if you saw no patients for the
6 month, it would -- you would still be paid a flat
7 fee.

8 A. No. I will not be paid.

9 Q. Okay. Was there any type of -- number
10 of patients that would trigger a flat fee?

11 A. No. I don't think so. They usually
12 would have maybe five, ten patients. I -- I couldn't
13 tell you the number usually, but the only -- only
14 time I would go there is if there's a patient;
15 otherwise, I will not go there. Fort Dix is about 35
16 miles away from -- from St. Francis Hospital.

17 Q. Right. I guess what I'm trying to get
18 at is, if you saw only one patient a month, would you
19 be paid the same flat fee if you saw ten?

20 A. That never happened.

21 Q. Okay. So there's -- there's -- we can't
22 distill it down to an hourly rate. We know that.

23 A. Per patient, no, you cannot, yeah.

24 Q. But do you remember any time when you
25 only saw one patient and still got the flat fee?

1 A. No. I did not see one patient.

2 Q. All right. Now, during that -- that --
3 in that system with the flat fee in the Bureau of
4 Prisons, did the Bureau of Prisons ever give you any
5 limits on the type of care whether it's tests to be
6 ordered that you felt were appropriate?

7 A. That was basically a recommendation from
8 my side. I will not schedule any patient from --
9 from the clinic.

10 Q. It would have to go through the -- for
11 example -- let's do a hypothetical. You have a
12 patient who comes in and you're gonna recommend an
13 endoscopy performed by you, because you perform them,
14 correct?

15 A. Right.

16 Q. Did you just go ahead and schedule it or
17 did you have to communicate with the Bureau of
18 Prisons?

19 A. I will recommend on my recommendation
20 note and give it to the nurse who is in charge of the
21 clinic, and then from that point onwards, it -- it --
22 it was not my responsibility to follow up on that.
23 The prison system did not say the doctor's there.
24 They have got their -- their own doctors who -- who
25 will schedule the patient. And I think they're

Page 25

1 required a preauthorization kind of thing before they
2 can schedule a patient for any procedure.

3 Q. Just giving you a hypothetical so I
4 understand that arrangement: If a patient, you
5 believe, truly needs an endoscopy, for example, for a
6 suspected malignant tumor, okay, do you follow up on
7 that with the Bureau of Prisons or do you just wait
8 for their approval?

9 A. I wait for him to come to the hospital
10 for the endoscopic procedure.

11 Q. Okay. So another way of saying that is
12 that your hands are tied. You make a recommendation,
13 and even in a situation where there may be potential
14 cancer, you still have to await for the Bureau of
15 Prisons.

16 A. That's right.

17 Q. Okay. That's what I wanted to get at.

18 A. My office will coordinate the scheduling
19 with the prison scheduler when -- when the patient
20 can -- can be scheduled for the procedure.

21 Q. Have you ever, when you were at the
22 clinic treating inmates, recommended that they go to
23 the ER, for example?

24 A. This did not happen with me, but that's
25 a possibility.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 26

1 Q. All right. So if, in fact, you
2 believe -- and this is under the arrangement with the
3 BOP. If you believe that immediate care was needed,
4 you would take that step yourself or would you still
5 have to go through the prison?

6 A. I will recommend that to the prison --
7 prison system, yes.

8 Q. Do you ever remember any incidents where
9 you made a recommendation on an emergency basis and
10 it wasn't fulfilled by the Bureau of Prisons?

11 A. I don't remember that situation, no.

12 Q. All right. Have you ever encountered a
13 scenario where you recommended, for example, an
14 endoscopy for a patient and the Bureau of Prisons
15 denied that request?

16 A. I would not -- I would never know about
17 it.

18 Q. What if it was you who were gonna
19 perform the endoscopy? Would you know that?

20 So a patient comes in at the clinic.
21 You evaluate him or her, and you believe that an
22 endoscopy is needed. If it were, in fact,
23 rejected -- have you ever had that situation where it
24 would be rejected by the -- the Bureau of Prisons?

25 A. I wouldn't know about it because I -- I

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 27

1 did not follow the patient. Once I -- I give a
2 recommendation, I have no -- no regular follow-up.
3 Unlike an office patient where I see my patients on a
4 regular basis, I don't see the prisoners on a regular
5 basis. I go once in a month, I recommend, and the
6 rest of it is left to the prison system, with the
7 doctors or who saw, whether it's the -- the scheduler
8 or -- or whatever arrangement they have.

9 Q. Okay. And I think that now explains it
10 for me. So as opposed to patients in your private
11 practice that you follow, that you continue to
12 supervise their care, when you do the work at the
13 clinic through the Bureau of Prisons, you're not
14 following up with them as your own particular
15 patient.

16 A. No, I'm not.

17 Q. All right. Has that ever been in
18 writing where that's not your obligation?

19 A. No. It's not in writing, no. I don't
20 think so.

21 Q. All right. No contract or anything that
22 you've signed with the Bureau of Prisons or
23 arrangement?

24 A. No. But it -- I do not know whether it
25 was mentioned in the contract or not. I could not

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 28

1 tell you that.

2 Q. Did you actually have to sign a contract
3 with the Bureau --

4 A. I did, yes.

5 Q. Okay. Do you still -- still have a copy
6 of that?

7 A. No, I don't. I -- I -- I submitted it
8 to them and it -- it was with them. I didn't keep a
9 copy, no.

10 Q. All right. Do you remember how long ago
11 you signed that?

12 A. I don't know.

13 Q. Would it be at least -- it had to be
14 2015 or after, though, correct?

15 A. Around that time, yes. Uh-huh.

16 Q. All right. Have you ever seen
17 inmates -- and we're only talking about inmates right
18 now. Have you ever seen an inmate more than once
19 during the clinic?

20 A. Unusual.

21 Q. Is it unusual?

22 A. Unlikely, yes.

23 Q. All right.

24 A. Uh-huh.

25 Q. And the other option there would be that

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 29

1 you would see them after the request was approved.
 2 For example, to perform an endoscopy. You would see
 3 them after that request was approved by the Bureau of
 4 Prisons?

5 A. I would see them in the hospital in the
 6 endoscopy suite.

7 Q. All right. So that's one time where
 8 you're, in a sense, following up with the patient
 9 because you're seeing them twice. Were there any
 10 other times where you would be following the patient?

11 A. If they are admitted to the hospital and
 12 they are inpatient in the hospital and they require a
 13 GI follow-up or a GI situation, then I'll see them
 14 more than once or every day on that basis just like
 15 any -- any non-prisoner -- non-prisoner patient that
 16 you see in the -- I see in the office.

17 Q. Okay. But while they're in the -- the
 18 hospital, they're under your care?

19 A. No. They are -- there's a primary care
 20 physician. There is a hospitalist who -- who admits
 21 them and takes care of them. If they have GI issues,
 22 then only they put a consult for me to see the
 23 patient. Then I go see the patient as a GI
 24 consultant.

25 Q. All right. How about with regard to the

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 30

1 clinic itself? Have you seen the same patients over
 2 and over?

3 A. I told you, it's very unlikely. I don't
 4 remember seeing a patient again and again, no.

5 Q. All right.

6 A. I go to the clinic usually once in a
 7 month, and if they had any -- any issue or situation
 8 that -- you know, the -- the prison system takes care
 9 of it at that stage.

10 Q. Was there a reason why -- and you -- you
 11 described one scenario where you have a patient that
 12 you've seen at the clinic, an inmate patient at the
 13 clinic, and then you would be called to perform the
 14 service out of the hospital. Were you tied to them
 15 in some way? Why is it that you were called as
 16 opposed to another GI doctor?

17 A. Actually, I had the -- I -- I had the
 18 contract with them to see the prisoners, so they
 19 would call me.

20 Q. Okay. So through the contract, you were
 21 on call, effectively, to treat prisoners whether or
 22 not you may have seen them during the clinic.

23 A. That's right.

24 Q. Okay. That makes sense. And I
 25 apologize if I've asked this before, but do you ever

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 31

1 recall an incident where you strongly recommended a
 2 particular procedure be performed and you learned
 3 later that it was denied by the prison?

4 A. I don't recall any situation like that.

5 Q. All right. Okay. Are you familiar with
 6 a Dr. Ravi Sood?

7 A. Pardon me?

8 Q. Are you familiar with a physician named
 9 Dr. Ravi Sood?

10 A. I am, yes.

11 Q. And -- and who is Dr. Sood?

12 A. Dr. Sood is a primary care physician
 13 with the prison system.

14 Q. To your knowledge or your understanding,
 15 he actually works for the Bureau of Prisons as an
 16 employee?

17 A. He does.

18 Q. All right. And have you and Dr. Sood
 19 treated the same patients or patient in the past?

20 A. Well, Dr. Sood would refer the patient
 21 for GI evaluation to me. And as I told you before, I
 22 usually don't follow them on a regular basis or a
 23 monthly basis, so once I give my recommendation, the
 24 rest of the -- or whatever the recommendations are,
 25 are taken care of by the primary care physicians who

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 32

1 are with the prison system --

2 Q. Okay.

3 A. -- and Dr. Sood is one of them.

4 Q. So in the normal course, Dr. Sood would
 5 evaluate a patient, and then, if needed, refer them
 6 to you.

7 A. Right.

8 Q. And that's through the contract you had
 9 with the Bureau of Prisons.

10 A. Correct.

11 Q. Okay. Do you know if Dr. Sood has any
 12 particular specialty? Board certification?

13 A. No. I don't know.

14 Q. Do you understand him to be an
 15 internist?

16 A. I -- that's what I thought; he's an
 17 internist, yeah.

18 Q. And physically, do you know where
 19 Dr. Sood has worked?

20 A. What is his work?

21 Q. His location of work. Where does he
 22 work from?

23 A. He works from Fort Dix.

24 Q. Okay. So he's actually on staff on the
 25 grounds.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 33

1 A. On -- on the grounds, yes. Uh-huh.
 2 Q. All right. How -- let me -- let me ask
 3 you this: Was there any other primary care or
 4 internist at Fort Dix that you also shared patients
 5 with or would have referrals?
 6 A. One was Dr. Patel, P-A-T-E-L.
 7 Q. All right.
 8 A. And there was a lady doctor. I don't
 9 remember her name. She was -- she was a medical
 10 director, and she would also see patients there.
 11 Q. Would that be Dr. Foster?
 12 A. Foster, right. Right. Right. Right.
 13 Uh-huh.
 14 Q. And to your -- your understanding is
 15 that she also worked for -- directly for the Bureau
 16 of Prisons as an employee?
 17 A. She did, yeah. I knew that, yeah.
 18 Q. Dr. Turner-Foster?
 19 A. Turner-Foster, that's right.
 20 Q. Based on your past collaborations with
 21 Dr. Sood with patients, do you trust his clinical
 22 expertise and judgment?
 23 A. Very difficult to say.
 24 Q. Have you ever had --
 25 A. I can't answer that question.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 34

1 Q. Is it -- is it too broad, the question?
 2 A. I'm not -- I'm not working with him.
 3 I'm not seeing patients like he sees the patients on
 4 a daily basis, so it's very difficult for me to --
 5 to -- to assess his -- I don't go over his notes,
 6 so....
 7 Q. When -- well, let me ask you this: When
 8 he refers patients to you or he has referred patients
 9 to you, did you ever disagree with his initial
 10 diagnosis?
 11 A. No. I did not, no.
 12 Q. All right. Do you remember any time
 13 when you had any dispute with Dr. Sood regarding an
 14 inmate patient?
 15 A. No.
 16 Q. In your work for -- through the contract
 17 for the Bureau of Prisons, were there any other --
 18 did Dr. -- Dr. Patel you mentioned, right?
 19 A. Right. Right.
 20 Q. Okay. Was Dr. Patel board certified in
 21 any --
 22 A. I do not --
 23 Q. -- area?
 24 A. -- know.
 25 Q. Okay. How about Dr. Louis Fares? Do

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 35

1 you know him?
 2 A. Dr. Louis Fares is a -- is a surgeon who
 3 also sees patients.
 4 Q. All right. And these patients would be
 5 inmate patients?
 6 A. Pardon me?
 7 Q. The -- the patients that Dr. Fares sees,
 8 they would be inmates as well?
 9 A. Inmates. Yeah. Uh-huh.
 10 Q. All right. And does Dr. Fares operate
 11 outside of the Bureau of Prisons or, like you,
 12 through a contract, or is he actually employed by the
 13 Bureau of Prisons?
 14 A. He's just like me. He -- he's a
 15 consultant with them. He's not employed by Bureau of
 16 Prisons, no.
 17 Q. All right.
 18 A. He has his own private practice.
 19 Q. How long have you been working in -- or
 20 through that arrangement with Dr. Fares?
 21 A. Not a joint arrangement, but Dr. Fares
 22 has been a surgeon with St. Francis Hospital for
 23 many -- 35-plus years.
 24 Q. Okay. Dr. Fares is at St. Francis?
 25 A. St. Francis. I knew his father also who

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 36

1 was.
 2 Q. You've been there a long time.
 3 A. I've been there too long a time, yeah.
 4 That's right. Yeah.
 5 Q. All right. You're gonna have to use
 6 the -- the younger Louis Fares.
 7 A. This is -- this is the younger Louis
 8 Fares, yeah.
 9 Q. All right. Had the two of you ever
 10 shared patients before? Treated the same patient?
 11 A. Well, if they had a surgical situation,
 12 then -- and a GI situation, we might have seen them
 13 together and they are inpatient in the hospital.
 14 Q. Okay. Was there any time that you can
 15 recall where you and I -- you and Dr. Fares were
 16 treating the same patient and you disagreed with any
 17 diagnosis he may have had or recommendation?
 18 A. I don't recollect that situation, no.
 19 Q. Okay. Generally speaking, did you feel
 20 Dr. Fares was a capable surgeon?
 21 A. I would say so, yes.
 22 Q. Was his father a surgeon too?
 23 A. His father was a surgeon, yeah. Uh-huh.
 24 MR. PATTANITE: Family business.
 25 MR. INNAMORATO: Yeah. Exactly.

Veritext Legal Solutions

800-227-8440

973-410-4040

1 Q. Now, in terms of connections between you
2 and Dr. Fares compared to Dr. Sood, did -- did you
3 have less contact with Dr. Fares than Dr. Sood with
4 regard to the inmate patient base?

5 A. I had more contact with Dr. Fares
6 because of St. Francis Hospital.

7 Q. And this would be with inmate patients?

8 A. Inmate patients, yeah.

9 Q. All right.

10 A. And -- and surgical patients. If my
11 patient needed -- my office patient needed a surgical
12 procedure, I might refer him to Dr. Fares.

13 Q. Okay. He was just down the hallway
14 basically, right?

15 A. Huh?

16 Q. He was just down the hallway in
17 St. Francis.

18 A. Right.

19 Q. You did feel he was a capable surgeon
20 then, I assume?

21 A. He's a good surgeon, yeah. Uh-huh.

22 Q. All right. Do you know if Dr. Fares was
23 board certified in -- in surgery?

24 A. That, I do not know.

25 Q. All right. Do you remember any time --

1 and this would be limited to inmate patients -- where
2 Dr. Fares made a recommendation about a particular
3 inmate, surgical intervention, and you disagreed with
4 him?

5 A. No. I don't remember a situation, no.

6 Q. Okay. I want to talk a little bit about
7 the general procedures you follow when you're
8 treating a patient for the first time. All right?

9 First of all, do you follow any
10 different procedures when you're treating inmates
11 versus your private patients?

12 A. No. It's the same practice.

13 Q. All right. Do you take an oral history
14 from the patient?

15 A. I do.

16 Q. Why is that important, Doctor?

17 A. Well, in the clinical practice we have
18 to find out from the patient what his complaints are,
19 what his problems are.

20 Q. And do you review their past medical
21 records?

22 A. If they are available, yes. Uh-huh.

23 Q. All right. When you worked at the
24 clinic at Fort Dix, did you have a particular file
25 system there for those patients?

1 A. No. They -- I think they are -- they
2 are -- most things are computerized in their system.

3 Q. Okay. I guess my question is, if you're
4 treating an inmate patient at the clinic at Fort Dix
5 and you want to look at their medical records, were
6 they available to you then?

7 A. Yeah. They will make them available for
8 me, yes. Uh-huh.

9 Q. All right. Was that -- were they
10 available at the time you saw the patient or did you
11 have to request them after the visit?

12 A. I -- I can't answer that question. I --
13 it could be either way, you see. Either while I'm
14 there if they have the record they can show it to me
15 or they can print it for me from the computer or --
16 or -- or they can get it to me later on, yeah.

17 Q. Was there staff there at the clinic that
18 would assist you in that type of thing?

19 A. They do. They do. Uh-huh.

20 Q. Okay.

21 A. Especially lab, X-rays, et cetera.

22 Q. All right.

23 A. They will -- they will print the report
24 for me.

25 Q. All right. And these would be nurses or

1 other doctors?

2 A. Nurses.

3 Q. Nurses, okay. And with regard to the
4 medical records of the patient, is that important for
5 you to review?

6 A. It is.

7 Q. And why is that?

8 A. Well, to get some information about
9 their ailments.

10 Q. Okay. Do you also perform some form of
11 physical exam on patient?

12 A. I do.

13 Q. And why can that be important?

14 A. To have an idea about their complaints
15 as well as the physical examination, listen to the
16 heart, listen to the lungs, check their belly,
17 et cetera.

18 Q. And checking the belly is with your
19 specialty in particular, I would take it, right?

20 A. Right.

21 Q. Okay. Do you also consider whether --
22 additional testing, medical testing for the patient
23 from time to time?

24 A. I -- I would make the recommendations,
25 yes.

Page 41

1 Q. All right. And that would include
2 something like, you know, X-rays, for example. Would
3 you recommend that from time to time?
4 A. X-rays, CAT scans, ultrasound.
5 Q. Ultrasound. Are you familiar with
6 the -- the term "enterology"?
7 A. Pardon me?
8 Q. Are you familiar with the term
9 "enterology"?
10 A. Enterology?
11 Q. Yeah. CT or MR enterology?
12 A. I'm familiar with colonography, but
13 enterology...
14 Q. When you -- when you say CT, that would
15 be CT scan, right?
16 A. Right.
17 Q. Okay. And would you ever do MRIs,
18 magnetic resonance?
19 A. Right.
20 Q. Okay. And you've actually recommended
21 those in the past?
22 A. Yes, I did. Yeah.
23 Q. Did you ever perform those tests
24 yourself or this is for a radiologist?
25 A. For the radiologist to perform.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 42

1 Q. Okay. And would you ever recommend
2 endoscopies?
3 A. I would, yes. Uh-huh.
4 Q. All right. I just had a couple of
5 questions about medical testing.
6 MR. MAILLOUX: Sorry. Before we begin
7 could I just quickly request a two-minute break?
8 MR. INNAMORATO: By all means. Sure.
9 Doctor, you've got to stop me or I'll
10 keep going. We'll take a five-minute break, Matt.
11 MR. MAILLOUX: Thanks.
12 MR. INNAMORATO: No problem.
13 (Break: 2:53 p.m.)
14 (Resume: 3:02 p.m.)
15 BY MR. INNAMORATO:
16 Q. All right. Doctor, I just had a couple
17 of questions related to the topic of testing that we
18 just kind of broached.
19 If a GI patient visits you complaining
20 of, you know, GI distress, when would you send him or
21 her for an X-ray based on that visit?
22 A. Well, first, we do clinical examination
23 and history-taking.
24 Q. Right.
25 A. Now long the symptoms have been and how

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 43

1 serious are the symptoms and if any labs were drawn
2 in -- you know, recent labs, we go over the labs also
3 to see what's going on.
4 If the person has stomach -- upset
5 stomach for three days, we give them some medication
6 and then upset goes away and everything goes away,
7 then we don't pursue it any further. If person has
8 stomach pain for one month and getting worse and they
9 tried some over-the-counter medications and they did
10 not help it, then that might be a situation where he
11 might require some more testing done.
12 Q. Okay.
13 A. Which is -- which could include X-rays
14 or endoscopy.
15 Q. When you're looking at an X-ray, what
16 are you -- what would the X-ray reveal consistent --
17 and we're talking about a hypothetical patient. I
18 understand that.
19 A. Yeah.
20 Q. But what would the X-ray reveal that
21 could contribute or cause the --
22 A. Well --
23 Q. -- the etiology of the symptoms?
24 A. So -- so -- you know we do an ultrasound
25 of the gallbladder to see if he has gallstones.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 44

1 Q. Okay.
2 A. If we find gallstones, we can blame them
3 for the patient's symptoms. If that is not there,
4 then, you know, we do an upper GI series, you know,
5 with the barium swallow and take pictures of the
6 stomach and see if there's any ulcer or any deformity
7 or any problem there. And if that does not give any
8 answer, then we send the patient for an endoscopic
9 examination to look inside the stomach with a scope.
10 Q. Okay.
11 A. Uh-huh.
12 Q. You mentioned the term "CT scan" before.
13 What is that for a layman -- in layman's terms?
14 A. Well, it's a computerized tomographic
15 scan. That is CT scan where the -- the -- the
16 body -- body parts are sliced just like you slice a
17 cucumber, you see --
18 Q. Right.
19 A. -- and you -- you look -- you look at
20 the slice and see if you find any abnormality. These
21 days, the CT scan is put on a computer, and the
22 radiologist can -- by scrolling, he can see slice by
23 slice by slice every part of the -- you know, the
24 system that you are looking for whether it is a CT
25 for different parts of the body: head, chest,

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 45

1 abdomen, pelvis, et cetera.

2 Q. And focusing on a CT scan of the
3 abdomen, for example, what types of things would that
4 reveal that an X-ray wouldn't reveal?

5 A. If -- if they have growth there in the
6 abdomen, the X-ray -- plain X-ray might not show it,
7 you see. CT scan will -- chances are it will show --
8 show that, yeah.

9 Q. When would you use magnetic -- or an
10 MRI?

11 A. MRI is better than CT scan. Sometimes
12 some -- some clinicians will order MRI only and not a
13 CT scan.

14 Q. Why is that?

15 A. It's more -- more -- more -- I should
16 say it gives more details.

17 Q. I see.

18 A. Uh-huh.

19 Q. Would the -- the procedure then be
20 X-ray, CT scan, MRI if nothing's found, or you could
21 pick them, you know, interchangeably? Would they --
22 I guess what I'm asking is what would point you in
23 the direction of a CT scan versus an MRI?

24 A. I can't tell you exactly where we do the
25 MRI and not do the CT scan. But as I said, MRI is

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 46

1 more -- more -- more sophisticated. It gives more
2 information. So some -- it's a clinic -- it's a
3 practice, individual habit also, that someone will
4 order MRI only and no CT scan.

5 Q. Just to jump to the best.

6 A. Jump to the best, yeah.

7 Q. Right.

8 A. Uh-huh.

9 Q. Okay. Were you ever limited by your
10 contract with the BOP in recommending any tests?

11 A. There is no limit or recommendation. I
12 could recommend the heavens for the prisoners you
13 see, but -- but they won't get to the heavens.

14 (Reporter requests repeat.)

15 A. I could recommend to the heavens.
16 They -- they -- there's no limit to the heavens, so
17 they can go there, so -- so no. But there's no
18 limit. I mean, I only recommend. I do not perform.
19 So -- so....

20 Q. You don't approve.

21 A. Huh?

22 Q. You don't actually approve.

23 A. I don't approve, yeah.

24 Q. Right.

25 A. But they have a system of approval, and

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 47

1 sometimes they will -- they -- I used to get from --
2 you know, information through my secretary that
3 such-and-such procedure was or was not approved.

4 There's kind of a committee they have,
5 you see, or a group of people who sit together and
6 decide whether the person should go for this test or
7 not.

8 Q. Is that for every -- every test like a
9 CT scan or an MRI?

10 A. I -- I do not know for what procedures,
11 but they -- I -- I heard about the approvals and they
12 will wait -- they wait for the approval. And then
13 when the approval comes, then they call my office to
14 schedule the patient for the procedure.

15 Q. Was there any --

16 A. I'm talking about the endoscopic
17 procedure.

18 Q. Correct. Right. That was my next one,
19 for endoscopies. But did you ever have the ability
20 to disagree with the Bureau of Prisons on behalf of a
21 patient?

22 A. Not really. I don't recollect any
23 situation like that.

24 Q. All right. And what's an endoscopy?
25 We've been talking about that term. I'd like to know

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 48

1 what it is.

2 A. Look into the stomach with a scope.

3 Q. Okay. And is that upper and lower
4 stomach?

5 A. Upper and lower, yeah.

6 Q. All right.

7 A. Two separate scopes.

8 Q. And you are qualified to perform those
9 yourself?

10 A. I was, yeah. I am, I should say.

11 Q. You are and you am. That's right.

12 Okay. All of the procedures that we
13 were just discussing, the potential CT scan, MRI,
14 endoscopies, X-rays, do you follow the -- the same
15 progression with inmates as opposed to your
16 private --

17 A. That's right.

18 Q. They're all treated the same?

19 A. Same way, yes. Uh-huh.

20 Q. With your private patients, do you ever
21 have a scenario where you believe an endoscopy is
22 necessary, but for example, the insurance company
23 didn't approve it?

24 A. That's a very unusual situation where
25 the insurance will say no. They -- they might

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 49

1 recommend another alternative test which costs less
2 money, but -- or -- or -- or sometimes they -- some
3 of the insurance companies have a doctor like a
4 gastro -- GI doctor who is their consultant. I'll
5 talk to him on the phone, and then, you know, he will
6 suggest. Why don't you try this for two weeks and see
7 what happens. And if the person doesn't get any
8 better after two weeks, you can do the procedure.

9 Q. Okay.

10 A. This was in the beginning of the HMO,
11 you see --

12 Q. Right. Right.

13 A. -- where they used to restrict
14 procedures, but I haven't seen that lately.

15 Q. In the last ten years, you haven't seen
16 that?

17 A. No.

18 Q. Okay. Doctor, outside of the -- the
19 medical testing, the outside testing that we just
20 discussed where there's an approval process that the
21 Bureau of Prisons has to approve, has the -- has the
22 contract with the prison ever restricted you from any
23 other normal procedures you would follow with a --
24 with an inmate?

25 A. You mean to examine the prisoner?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 50

1 Q. Right. Review their records.

2 A. Or review their records, no. I don't
3 think there was any restriction, no.

4 Q. Okay. And that would be all included
5 with the flat fee that you're....

6 A. Right.

7 Q. Okay. All right. And, Doctor, as part
8 of your normal exam in your first visit with a
9 patient, do you make notes and any records of that?

10 A. I do.

11 Q. All right. And why is that important?

12 A. Well, that's how I communicate with
13 the -- with the prison doctor.

14 Q. Okay. Is that every time that you have
15 an inmate patient you communicate with, for example,
16 Dr. Sood?

17 A. Right. Dr. Sood or it could be another
18 doctor, yeah.

19 Q. Dr. Patel, for example?

20 A. Right. Right.

21 Q. Okay. So each time you see an inmate
22 prisoner, there'll be some record of that visit.

23 A. That's right, yeah.

24 Q. Okay.

25 A. Uh-huh.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 51

1 Q. In your area of medicine, are there
2 certain conditions that can be very painful to the
3 patient? I know it's a broad question, but....

4 How about this --

5 A. Gallstones are very painful.

6 Q. All right. Now about something like
7 diverticulitis?

8 A. Diverticulitis can also be very painful,
9 yes.

10 Q. I say that from personal experience. I
11 can confirm that.

12 A. Okay.

13 Q. Bowel blockages, can they be very
14 painful?

15 A. Bowel blockage is an acute situation.
16 The patient will 99.9 percent end up in the emergency
17 room.

18 Q. Okay. Now about something called
19 adhesions in the GI tract? Can that be painful?

20 A. Adhesions can be painful. And
21 unfortunately, there is no easy solution to that,
22 yeah.

23 Q. Is it -- is it true that adhesions can
24 really only be found through exploratory surgery?

25 A. That's right. Yeah. Uh-huh.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 52

1 Q. And the treatment for adhesions --

2 A. Needs another exploratory surgery.

3 Q. Is there ever a way of -- of reducing or
4 eliminating adhesions?

5 A. No, there is not.

6 Q. Are there surgeries to attempt that?

7 A. To....

8 Q. Acceptable surgeries to try and attempt
9 to....

10 A. To -- to -- to --

11 Q. Remove scar tissue.

12 A. Remove the scar tissue, that's right.

13 Q. Okay. In your subspecialty -- and we're
14 just talking about painful conditions, GI
15 conditions -- do you ever refer them out to a pain
16 specialist? A physiatrist?

17 A. I have never done that in my practice,
18 no.

19 Q. Okay. Are you capable of pain
20 management through your own license?

21 A. I don't do pain management.

22 Q. Okay. As a GI doctor, can you prescribe
23 pain medication? Are you capable of doing that?

24 A. I am capable of. I am licensed to
25 prescribe pain medication.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 53

1 Q. All right. And have you done that in
2 the past? And what I'm saying about pain
3 medications, as opposed to like a Tylenol, an NSAID.
4 Something like opioids.

5 A. I try not to.

6 Q. All right. Obviously for addiction
7 purposes, right?

8 A. It is for addiction, yes.

9 Q. All right. Have you ever encountered
10 patients either in your private practice or the
11 inmate side of it -- have you ever encountered
12 patients with extreme pain where you did prescribe
13 some type of opioid or stronger pain reliever?

14 A. I don't recollect that. You see, in
15 office practice it is a -- it's an elective visit.
16 If that's -- if they have such serious pain that they
17 require narcotics, they usually end up in the
18 hospital in the emergency room.

19 Q. Okay.

20 A. If someone calls me that I'm having a
21 lot of pain and I can't tolerate it anymore, I tell
22 him, Go to the emergency room. I specifically tell
23 him not to come to my office.

24 Q. Why? Because of the pain -- the
25 narcotic issue?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 54

1 A. I cannot help him much in my office
2 practice because I have no -- no X-rays and no --
3 no -- no equipment to look into the situation.

4 Q. Am I gathering from -- from what you're
5 saying that you're -- you're very not inclined to
6 prescribe narcotic pain relievers for your patients?

7 A. I am -- that's very true.

8 Q. Okay. Have you ever done it in -- in a
9 particular case?

10 A. For a -- for a very short time.

11 Q. A small --

12 A. Five days --

13 Q. -- prescription.

14 A. Five days, seven days.

15 Q. Okay. And that would be the maximum of
16 the prescription that you would give.

17 A. Right.

18 Q. Okay. And is there a reason why
19 you're -- you're disinclined? Is it the addiction
20 issue? That you don't want your patients to be
21 addicted, or is it something else that....

22 A. Well, basically, it's the addiction
23 issue.

24 Q. Okay.

25 A. People who have chronic pain, they --

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 55

1 they get hooked to narcotics, and that's a sad
2 situation. Uh-huh.

3 Q. Okay. With regard to the inmate
4 patients, were you ever counseled by the Bureau of
5 Prisons not to engage in pain management through
6 narcotics?

7 A. No. It was never discussed with me, no.

8 Q. Have you made referrals to -- of your
9 patients to physiatrists? Pain doctors?

10 A. From the prison system, you mean?

11 Q. Yes.

12 A. No. I have not referred anybody, no.

13 Q. Is there a reason for that?

14 A. I -- I don't see them on a regular
15 basis, I see them only as a consultant in a very
16 sporadic -- sporadic fashion, you see. So it's not
17 like I'm a regular doctor for them from -- from month
18 to month or day to day or week to week so that
19 situation did not arise. Let's put it this way.

20 Q. When you do see them, though, you -- you
21 have prescribed medication or at least requested that
22 the Bureau of Prisons provide certain medication?

23 A. I -- I recommend only. I do not
24 prescribe.

25 Q. Right. Okay. And I -- I just forgot

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 56

1 your answer about physiatrists. Do you ever refer a
2 patient out to a physiatrist?

3 A. No. I have not sent anybody to the
4 physiatrist, no.

5 Q. Okay. If a patient arrived -- either
6 your private patient or an inmate arrived with a
7 suspected -- what you believed to be a suspected
8 bowel blockage, which you indicated is a very painful
9 conditions, would you at that -- at that point
10 prescribe narcotics until they could get to the
11 emergency room?

12 A. I will tell them in the emergency room
13 and let them handle the situation.

14 Q. Okay. I'm getting a sense that you have
15 a -- a hesitancy to never prescribe narcotics.

16 A. I have a hesitancy to -- not to
17 prescribe, yes.

18 Q. Okay. And is that just the addiction
19 issue or is there anything else that -- that I might
20 know?

21 A. Side effects. If the person has bowel
22 obstruction and if I prescribe narcotic, if his pain
23 goes away, bowel obstruction won't go away with
24 narcotic. He -- he can be in bigger trouble.

25 Q. And why is that?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 57

1 A. The -- the colon can perforate. You
 2 know, bowel obstruction means there's a possibility
 3 of the colon perforating with dilation. Rupture. So
 4 narcotic will make the situation worse. So if -- if
 5 there's a suspicion of bowel obstruction, the person
 6 has to go to the emergency room and has to go to a
 7 surgeon if -- if the obstruction does not resolve.
 8 Q. How does the -- the narcotic make it
 9 worse?
 10 A. They -- number one, they relieve the
 11 pain so the patient feels comforted and does not
 12 pursue further --
 13 Q. I see.
 14 A. -- treatment or opinion or -- or the --
 15 the -- as I said, as the time goes by, the -- the
 16 bowel obstruction will lead to perforation.
 17 Q. Right. Okay. So if it's -- is there
 18 any chemical effect of the narcotics in terms of
 19 constipation, for example?
 20 A. It does, yes.
 21 Q. Okay.
 22 A. See, you answered my question. That's
 23 good.
 24 Q. What's that? I'm not supposed to be
 25 doing that.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 58

1 A. Narcotics cause constipation, yes.
 2 Uh-huh.
 3 Q. Any other side effects? Because you
 4 mentioned side effects with narcotics. Any other?
 5 A. Well, respiratory depression especially
 6 if the patient has bad COPD. It can slow down their
 7 breathing a little bit more.
 8 Q. Okay. I'm trying to think of anything
 9 else I could think of with the effects of narcotics.
 10 Does it have interactions? Can
 11 narcotics have interactions with other drugs that the
 12 patient has to take?
 13 A. If they are on psychotropic like Xanax
 14 and things of that nature.
 15 Q. And I guess overdose is always a
 16 possibility too.
 17 A. Possibility, yes.
 18 Q. In your practice, either your -- your
 19 private practice or with the inmates, did you ever
 20 become familiar with the term "drug seeking"?
 21 A. Drug seeking, yes. All the time.
 22 Yesterday I had a fight with a patient on the phone.
 23 He would not leave me alone. He wanted his
 24 Percocets.
 25 Q. Okay.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 59

1 A. He said, I can't live without it. I had
 2 to hang up on him. He kept calling and calling and
 3 calling.
 4 Q. So you had experience with that kind of
 5 thing.
 6 A. Recent experience. Yesterday, yeah.
 7 Q. Prior to -- and we're not gonna identify
 8 the patient or anything like that. But prior to this
 9 phone call, had you prescribed any -- any amount of
 10 Percocet for him or other pain meds?
 11 A. I have prescribed, yes.
 12 Q. And at this point, you think it's
 13 becoming a problem for him.
 14 A. Well, as I said, I try to limit it as
 15 much as possible.
 16 Q. Okay.
 17 A. Uh-huh.
 18 Q. So you -- you do prescribe narcotics,
 19 but you're very careful about who you --
 20 A. Yes.
 21 Q. -- give it to.
 22 Okay. Because you might have a phone
 23 call like that when they get addicted.
 24 A. Yes.
 25 Q. All right. In terms of drug seeking,

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 60

1 are there ways that the clinician could distinguish
 2 between someone who has a legitimate pain problem and
 3 a drug seeker? Are there certain steps that you
 4 could take to ensure that if you prescribe narcotics
 5 that's being done for the right reasons?
 6 A. Drug seekers, they have their own
 7 characteristic. I'll give you an example.
 8 Q. Sure.
 9 A. A young -- young lady with a Princeton
 10 address came to my office in Trenton, New Jersey
 11 stating that I have lung cancer and I've been on
 12 narcotic because I can't tolerate the bone -- pain
 13 from the bone cancer. This is a classic example of a
 14 drug seeker.
 15 Q. All right. Would you then prior to --
 16 as -- as part of that interaction with the -- the
 17 client, would you want to see the medical records to
 18 establish that, in fact, she has bone cancer?
 19 A. Well, I -- I did not have that much
 20 patience to do that. I told her I -- I was not able
 21 to prescribe you narcotics.
 22 Q. And why was that in that case?
 23 A. A person coming from Princeton to
 24 Trenton, City of Trenton, to look for a doctor who
 25 can prescribe Percocet. That's a drug-seeking --

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 61

1 drug-seeking personality.

2 Q. So geographically if the patient is
3 coming away from their home address, that's something
4 that tells you there's a little bit something wrong
5 there.

6 A. Yup.

7 Q. All right.

8 A. You understand it.

9 Q. How about medical records? Would that
10 be important to determine whether someone is a drug
11 seeker? So, for example, if they did have treatment
12 for bone cancer, would that be more likely, then,
13 that they're not a drug seeker? Objective.

14 A. Still I -- even after looking at the
15 record or a biopsy report, I will be very unlikely --
16 in my practice, would be unlikely that I would
17 prescribe any narcotic.

18 Q. You just are against it, it looks like.

19 A. I'm against it, yes.

20 Q. Okay. Are there any non-narcotic pain
21 medications that you do prescribe?

22 A. I routinely tell my patients that
23 Tylenol is the best medicine.

24 Q. Okay.

25 A. Then they laugh at me. They say, You're

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 62

1 joking? I am not joking. It does nothing to us.

2 So Tylenol and ibuprofen are the
3 alternative that I use for people who -- who want
4 something for pain.

5 Q. Okay.

6 A. If that does not help, God help them.

7 Q. Meaning that -- that Tylenol should be
8 sufficient in your -- your medical judgment?

9 A. In my judgment, yes.

10 Q. Okay. Any other types of pain
11 medications like tramadol, for example?

12 A. I use tramadol in small dose for a short
13 time, yes.

14 Q. And does that have any narcotic in it at
15 all?

16 A. It has some -- some narcotic effect, but
17 not as strong as Percocet.

18 Q. Anything else that you can -- you would
19 prescribe for pain other than Tylenol or tramadol?

20 A. Tramadol is the only thing. I mean, I
21 prescribe non-steroidal like Celebrex.

22 Q. Uh-huh. And that's pain relief without
23 narcotics.

24 A. Right.

25 Q. Okay. Can physicians also -- and we're

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 63

1 talking about drug seekers. One way you can
2 determine whether or not they're a legitimate pain
3 patient is whether they have an objective medical
4 history of their pain obviously. Would you agree
5 with that?

6 A. Partially.

7 Q. Okay.

8 A. Because it's difficult to measure the
9 pain, you see.

10 Q. Yeah. How do you -- how do you ask the
11 patient? I'm familiar with the pain scale. Do you
12 use that, the 1-through-10 pain scale?

13 A. Yes. They always go to 7 and more.
14 They never say 3 over 10.

15 Q. Okay.

16 A. Yeah.

17 Q. So that's -- that's something that you
18 would do.

19 Physical examination. Could that
20 reveal --

21 A. That does not help in pain management or
22 pain diagnosis, because person who has pain, he says
23 he has pain everywhere. Every bone hurts, every back
24 hurts, every leg hurts. It's the kind of symptoms
25 for which there's no clinical correlation, you see.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 64

1 Q. Right.

2 A. The person can't have pain in the back
3 and pain in the knee together, you see. They -- they
4 are not connected, you see.

5 Q. Okay.

6 A. So pain seekers always will complain of
7 pain everywhere in the body, yeah.

8 Q. Even when you -- you press on the place
9 that should be painful to them and they -- and they
10 don't scream, right?

11 A. The other day I had somebody who won't
12 let me touch his skin. He said (noise) don't touch
13 me.

14 Q. Yeah.

15 A. You know what I did?

16 Q. What?

17 A. I said, Get out from here. Go to the
18 emergency room.

19 Q. Right.

20 A. They can help you. I know they can't
21 help him, and he didn't want to go to the emergency.

22 Q. Right.

23 A. His skin was sensitive to touch. I
24 couldn't touch his skin. He screams. He jumps,

25 Q. Which could have been false.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 65

1 A. It was false.
 2 Q. Right.
 3 A. So I -- I -- that's why I said good-bye
 4 to him.
 5 Q. Now about urine tests? If someone --
 6 A. It's called drug screen. But it is
 7 done, yeah, in the rare situation. As I told you,
 8 you see, pain management is not my field. I do not
 9 prescribe narcotics that frequently. And the place
 10 where I'm working at presently, it's a City clinic
 11 owned by a physician where I spend my mornings. So
 12 I -- I get into this situation all the time.
 13 Q. With the urine tests.
 14 A. No. With the pain management.
 15 Q. Oh. Pain management, right. A drug
 16 screen could show if the patient has illicit drugs in
 17 their --
 18 A. Yes.
 19 Q. -- their body, right?
 20 A. Yes.
 21 Q. Which increases the drug-seeking --
 22 A. Behavior.
 23 Q. -- score, I suppose. Right. Okay.
 24 In your work with -- through the BOP
 25 through the contract, did you ever receive any type

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 66

1 of instruction or limitation by the BOP in terms of
 2 even recommending narcotic pain relievers?
 3 A. No.
 4 Q. All right. So that was your medical
 5 judgment.
 6 A. Right.
 7 Q. And you applied that same judgment as
 8 you described for us today in terms of drug seekers
 9 and things like that?
 10 A. That's right.
 11 Q. Okay. I'm just gonna jump ahead a
 12 little bit, Doctor.
 13 Do you recall treating a patient by the
 14 name of Joshua Moses, the Plaintiff in this case, at
 15 some point?
 16 A. I do.
 17 Q. All right. Do you recall at any point
 18 in your treatment of Mr. Moses whether you concluded
 19 he was a drug seeker?
 20 A. I had very brief contact with him.
 21 Q. Okay.
 22 A. Only on two occasions, I think, I saw
 23 him.
 24 Q. Do you recall Mr. Moses ever asking for
 25 narcotics?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 67

1 A. I don't remember, no.
 2 Q. There's a term called "differential
 3 diagnosis." Can you define that for me as you see
 4 it. As you understand it.
 5 A. Differential diagnosis is what causes
 6 the pain. Is it the kidney stone or it's the
 7 gallstone or it's a bowel obstruction or it's an --
 8 it's an ulcer in the stomach. That's -- that's the
 9 differential diagnosis. You want to figure out
 10 what -- what the source of pain could be.
 11 Similarly, person who has anemia, low
 12 hemoglobin, the differential diagnosis would be does
 13 the bone marrow make enough blood. Is it aplastic
 14 anemia or hemolytic anemia or -- or is it a GI bleed
 15 anemia. The person has colon cancer or stomach
 16 cancer and he's losing blood and becomes anemic. So
 17 that's -- anemia is only a symptom, I should say, and
 18 there is not a differential diagnosis. It is not a
 19 disease in itself.
 20 Q. So it's -- it's a number of potential
 21 etiologies --
 22 A. Right.
 23 Q. -- for the condition.
 24 A. That's -- that's all -- that's called a
 25 differential diagnosis.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 68

1 Q. All right. We talked a little bit about
 2 adhesions before, but I want to talk a little more
 3 in-depth about it.
 4 Adhesions are internal scar tissue?
 5 A. That's right. Yeah.
 6 Q. And that's generally caused by prior
 7 surgeries?
 8 A. That's right. Yeah.
 9 Q. Okay.
 10 A. Or infection. Sometimes person has
 11 peritonitis due to one or more -- some other
 12 situation, and then you can get -- get adhesions.
 13 Q. And adhesions can squeeze nerves,
 14 organs, joints to cause pain?
 15 A. Yeah. They -- they can cause partial
 16 blockage of the intestines and cause pain. On GI
 17 track, right.
 18 Q. Right. They can cause bowel
 19 obstructions. Is that what you're saying?
 20 A. Right.
 21 Q. Right. And bowel obstructions -- and I
 22 think you described this in connection with the drug
 23 seeking -- bowel obstructions can be very serious --
 24 A. Yeah.
 25 Q. -- and result in perforations, for

Veritext Legal Solutions

800-227-8440

973-410-4040

1 example?

2 A. Yeah.

3 Q. Do you know of any cause, other than

4 prior surgery, for adhesions?

5 A. I told you, peritonitis.

6 Q. Oh. Peritonitis, right.

7 A. Like a ruptured appendix will cause

8 inflammation in the abdomen, and later on, person can

9 have adhesions.

10 Q. And adhesions can cause -- in -- in the

11 GI tract, adhesions can cause diarrhea, bloating,

12 constipation?

13 A. The can cause grade symptoms. Bloating

14 mainly, or -- or if there's a partial bowel

15 obstruction, vomiting, et cetera. Diarrhea is

16 unusual with adhesions.

17 Q. Okay. How about painful bowel

18 movements?

19 A. Again, unusual with adhesions.

20 Q. So it's primarily --

21 A. It could be constipation.

22 Q. Constipation. Right.

23 A. But not diarrhea.

24 Q. In terms of etiology for adhesions,

25 would you agree that the far majority of patients

1 that have abdominal adhesions is from a prior

2 abdominal surgery?

3 A. Yes.

4 Q. So in terms of adhesions, that should be

5 considered by the clinician whenever a patient

6 presents with severe abdominal pain and constipation?

7 A. Or vomiting.

8 Q. Or vomiting. Right. And has had

9 previous abdominal surgery.

10 A. That's right.

11 Q. All right. With regard to the -- the

12 diagnosis of adhesions, is it true that they can't be

13 seen on -- on normal diagnostic tests like X-rays or

14 MRIs?

15 A. Right.

16 Q. CT scans either, right?

17 A. No. They -- that might not show, yeah,

18 no.

19 Q. And ultrasounds wouldn't show adhesions.

20 A. No.

21 Q. So when trying to get to the -- the

22 diagnosis of adhesions, what is used?

23 A. There's a strong suspicion for adhesions

24 causing bowel obstruction. Then we'll use barium --

25 use barium contrast with CAT scan.

1 Q. Okay. Is there a treatment known as

2 "lysis of adhesions"? Are you familiar with that?

3 A. Yes. Surgeons do lysis of adhesions,

4 yes.

5 Q. And that's at the point after it's been

6 conclusively diagnosed. That's when you do the

7 surgery, either exploratory and also the lysis?

8 A. Right. Yeah. It's not in my field, so

9 I can't elaborate on it too much.

10 Q. Understood. Save it for the surgeons,

11 right?

12 A. Leave it to the surgeon, right.

13 Q. Okay. And I know that this is not your

14 area, but does lysis involve the cutting or burning

15 of the adhesions?

16 A. Right.

17 Q. Okay. Is lysis surgery -- surgery

18 accepted in your field?

19 MR. PATTANITE: Objection to form. You

20 can answer.

21 Q. Is it --

22 A. Yeah.

23 Q. Is it an accepted medical procedure?

24 A. You asked is it accepted or not. I -- I

25 can't answer that question.

1 Q. Let me ask you a question -- ask the

2 question this way: Have you ever had a patient with

3 adhesions that you recommended surgery?

4 A. I don't recollect, no.

5 Q. Are adhesions rare?

6 A. Pardon me?

7 Q. Are adhesions --

8 A. They are, yeah.

9 Q. They are.

10 A. Yes.

11 Q. But primarily would you agree that

12 whenever a patient has had prior abdominal surgery,

13 adhesions may be there?

14 A. Yes. Uh-huh.

15 Q. Okay. Prior to -- let me ask you this:

16 Since we can't see adhesions on any of the normal

17 tests, is the process for you, the clinician, to

18 basically rule out other things through other tests

19 before getting to the diagnosis of adhesions?

20 A. That's right, yeah.

21 Q. And you'd be using X-rays, CT scans,

22 MRIs, endoscopies, for example. All of that would be

23 exhausted prior to getting to the diagnosis of

24 adhesions?

25 A. Right.

1 Q. Okay. Is there anything experimental
2 that you know of now with -- with adhesions that --
3 you know, the technology changing or anything?

4 A. I -- I couldn't tell -- answer that
5 question.

6 Q. Okay. So what would be your own process
7 for ruling out conditions other than adhesions? How
8 would you go about it with a patient?

9 A. CAT scan with barium contrast. And they
10 call it follow-through GI series. They -- they let
11 the barium go through the intestine -- from the
12 stomach into the intestine and colon and keep taking
13 multiple pictures, CAT scan pictures, from
14 different -- at different times --

15 Q. Okay.

16 A. -- and see if there is a holdup of the
17 barium at certain points; then that will suggest that
18 there could be adhesions.

19 Q. Is that the same barium that I -- that I
20 ingested as a child?

21 A. Yeah. Same -- same barium. It didn't
22 change. They put -- they added flavor to it.

23 Q. Yeah. It wasn't very good back then, I
24 can tell you that.

25 Q. Okay. And MRIs we talked a little bit

1 about before. That would be more intensive, you
2 know, a little bit more accurate than the CT scans,
3 right?

4 A. Right.

5 Q. Okay. Ultrasound?

6 A. Ultrasound is -- is not very
7 informative, let's say. But it is less expensive, so
8 sometimes we order an ultrasound to see if some
9 gallstones or kidney stone and things of that nature,
10 yeah.

11 Q. And when you say it's less expensive, we
12 order -- we use the ultrasounds, expensive to whom:
13 The patient or the BOP or both?

14 A. To the insurance company.

15 Q. The insurance company. All right.

16 Controls everything. And then the next one would be
17 endoscopies. And how could endoscopies move you to
18 a -- give you the information and move you to a
19 diagnosis of adhesions?

20 A. I will -- endoscopy does not suggest
21 adhesions. You cannot diagnose adhesions by
22 endoscopy.

23 Q. What would you be trying to rule out?

24 A. You can rule out that the person does
25 not have a tumor in the stomach or a -- or an ulcer

1 in the stomach or -- or -- or a tumor in the colon,
2 yeah. Adhesions -- as a matter of fact, when one
3 suspects adhesions, especially colonoscopy is less
4 desirable because there's a risk of perforation.

5 Q. Because of the -- the -- the rigidity
6 of the scars?

7 A. Scar. That's right, yeah.

8 Q. Okay. And with regard to CT scans,
9 MRIs, X-rays, they're also trying to rule out things
10 other than adhesions. You would do this battery of
11 tests before the exploratory surgery for adhesions --

12 A. That's right.

13 Q. -- just to rule out other conditions.

14 A. That's right. Yeah.

15 Q. And that's because surgery is a pretty
16 serious thing? Medical procedure?

17 A. Surgery is a serious medical procedure?

18 Q. Yeah.

19 A. Yes, it is. It has complications.

20 Q. I used the term earlier, Doctor,
21 "enterography." It's a -- it's a capsulation of both
22 CT scans and MR technology. Do you remember those
23 questions?

24 A. I do.

25 Q. And you're not familiar with that

1 particular term, but it means the same thing
2 basically. "Enterography" meaning the CT scans and
3 the MRs.

4 A. Right. Okay.

5 Q. Okay.

6 A. I have never ordered enterography for
7 any patient, so I can't tell you.

8 Q. Okay.

9 A. I'm a very old doctor. Old-fashioned
10 doctor.

11 Q. CT scans or the MRs and endoscopies are
12 slightly different because they look at different
13 parts of the body -- of the abdomen?

14 A. CT scan can look outside the -- the
15 lumen of the colon and the stomach while endoscopy
16 can only look inside the lumen of the stomach and the
17 colon. If there's something outside the lumen --

18 Q. Right.

19 A. You know, the -- the -- the colon or
20 stomach are like -- like tubes, you see. So anything
21 inside the tube you can see, but anything outside the
22 tube, you cannot see.

23 Q. Okay. So, for example, I'm gathering
24 what you're saying is endoscopy can give the
25 clinician a very good view of the mucosal layer.

Page 77

1 A. Right.

2 Q. While the imaging allows the clinician
3 to see beyond the mucosa.

4 A. Beyond the mucosa, yes.

5 Q. Okay.

6 A. The -- the tube in the belly.

7 Q. You were saying it easier to me. You
8 were explaining it before I went into these terms.

9 Okay. So seeing beyond the mucosa gives
10 a more -- a full transmural view of the -- of the
11 colon?

12 A. Right.

13 Q. And seeing beyond the mucosa would give
14 the clinician the opportunity to determine whether
15 the patient had complications like fistulas or
16 abscesses or bowel obstruction.

17 A. Right.

18 Q. The CT scans and the MRs and the
19 endoscopies, then, are -- are somewhat complementary.
20 They both give you a good view of the -- the total
21 abdomen area.

22 A. Yes.

23 Q. Okay. Now, if you have a patient with
24 suspected bowel obstructions, for example, or
25 fistulas or abscesses, performing both of those

Veritext Legal Solutions

800-227-8440

973-410-6040

Page 78

1 batteries of tests -- both the CT, MR imaging and the
2 endoscopies -- would be of good -- of great
3 assistance.

4 A. It will be of great.... What did you
5 say at the end?

6 Q. Oh. I'm sorry. It would be of good
7 assistance or some....

8 A. Super assistance, okay. Okay. Yes.

9 Q. To the clinicians to -- to get a
10 diagnosis.

11 A. Yeah.

12 Q. All right. All right. We just talked
13 about your recollection of treating Josh Moses. You
14 said maybe once or twice while he was an inmate at
15 Port Dix it was?

16 A. Right. At Port Dix, yes.

17 Q. All right. And you recall maybe once or
18 twice that you saw him?

19 A. Right.

20 Q. And Mr. Moses would have been then being
21 treated under your flat-fee arrangement with the
22 Bureau of Prisons?

23 A. Yes.

24 Q. Do you remember approximately when you
25 first saw Mr. Moses? Even the year?

Veritext Legal Solutions

800-227-8440

973-410-6040

Page 79

1 A. I went over the -- the papers, and it
2 was some- -- sometime in April 2018.

3 Q. Okay. 2018. And do you remember
4 approximately when you stopped treating him? That
5 you never saw him again?

6 A. After November 2018 when I did the
7 endoscopy and colonoscopy on him.

8 Q. That was the last time that you treated
9 him?

10 A. The last time, yes.

11 Q. When you first evaluated Mr. Moses --
12 this is April of 2018 -- do you recall why he was
13 seeing you? What was he complaining of?

14 A. He had abdominal pain mainly.

15 Q. Okay. And, Doctor, I've got some
16 treatment notes that might be -- you know, that might
17 refresh your recollection on the details, so why
18 don't we make that the first exhibit so you have it
19 and it would be fair to you.

20 A. Okay.

21 MR. INNAMORATO: Okay. We'll mark this
22 as Chowdhury-1.

23 (Chowdhury-1, Handwritten treatment
24 notes Bates-stamped US000407 and US000408, marked for
25 identification.)

Veritext Legal Solutions

800-227-8440

973-410-6040

Page 80

1 MR. INNAMORATO: Off the record.

2 (Off-the-record discussion.)

3 MR. INNAMORATO: Okay. We're back on
4 the record.

5 Matt, you ready to go back on.

6 MR. MAILLOUX: Yes.

7 Q. Okay. Dr. Chowdhury, what we've just
8 handed you is what purports to be a handwritten
9 medical record regarding Joshua Moses. The
10 institution is Port Dix PCI. And while it doesn't
11 have the particular date on it, we believe that it's
12 sometime -- it is your first --

13 Well, you know what, let's turn to the
14 second page. This will be 408. And we have the very
15 last line, Doctor, you can see in the bolded type:
16 "Reviewed with New Encounter Note by Sood, Ravi, MD
17 on 04/24/2018?"

18 Does that refresh your recollection as
19 approximately when you saw him -- first saw
20 Mr. Moses?

21 A. Right.

22 Q. Okay.

23 MR. MAILLOUX: Can we get a
24 clarification on page 407?

25 MR. INNAMORATO: Yes.

Veritext Legal Solutions

800-227-8440

973-410-6040

Page 81

1 MR. MAILLOUX: On the bottom there's
2 something that says "Generated." It appears to be a
3 date. Do you know what that might refer to?

4 MR. INNAMORATO: I have no idea. I was
5 gonna ask you that because it's inconsistent with --
6 with another five documents. What I can ask you
7 is -- why don't I ask the witness this.

8 Q. Dr. Chowdhury, Exhibit 1 that was just
9 handed to you, on the very bottom of the left-hand
10 side, you see "Generated 03/15/2018"?

11 A. Right.

12 Q. Is -- is that possible that -- that you
13 saw Mr. Moses as early as that?

14 A. No. That's -- that's the time when, in
15 their system, they put a consult for me to see
16 Mr. Moses. This was -- this was blank.

17 Q. Okay. So that -- so that would be
18 opening a file for your later visit with him.

19 A. Right. Right. Right.

20 MR. INNAMORATO: Did you get that, Matt?

21 MR. MAILLOUX: Correct. So sometime
22 between March 15, 2018 when this was, quote, unquote,
23 generated as indicated on US407 and April 24th, 2018,
24 the scan date as indicated on US408 is when you saw
25 Mr. Moses?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 82

1 THE WITNESS: That's right.

2 Q. Okay. Now, Doctor, what we've marked as
3 Exhibit 1 is -- is what I believe to be your first
4 treatment notes regarding Mr. Moses. Do you
5 recognize this document?

6 A. I do.

7 Q. And is there handwriting on the
8 document?

9 A. It is, yes.

10 Q. Is that your handwriting?

11 A. My handwriting, yes.

12 Q. And I see there's "B" on the bottom.

13 A. "B," yeah. Eleven letters pressed into
14 one.

15 Q. Pressed into one. All right. So we're
16 gonna ask -- I'm gonna ask you some questions. I'm
17 gonna re-ask one question because I think it's fair
18 to you to give you your actual treatment notes to
19 refresh your recollection. It's been a while ago.

20 When you first evaluated Mr. Moses, do
21 you recall why he was seeing you, what he was
22 complaining of?

23 A. Abdominal pain, diarrhea, gas and GERD.

24 Q. What's GERD, Doctor?

25 A. The heartburn people have from acid

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 83

1 backing up into the food pipe.

2 Q. Okay.

3 A. Gastroesophageal reflux disease. That's
4 the form of the GERD.

5 Q. And does that cause any pain?

6 A. It causes heartburn, yes.

7 Q. All right. Let's see. Do you recall
8 Mr. -- at any time during this visit, do you recall
9 Mr. Moses telling you that he suffered a -- a gunshot
10 wound to the abdomen?

11 A. I don't recollect exactly what he said,
12 but from -- from reviewing the notes, et cetera,
13 there was a history of gunshot wounds and resection
14 of the intestine.

15 Q. Connected somehow to the gunshot wound?

16 A. Right.

17 Q. Okay. Had he -- did he tell you that he
18 had multiple abdominal surgeries at Temple as a
19 result of that?

20 A. I don't recollect exactly what he said.

21 Q. Okay. Do you recall Mr. Moses or did
22 you learn otherwise that he had a significant amount
23 of his small bowel removed as part of this bowel
24 resection?

25 A. Right.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 84

1 Q. Okay. Did he tell you that he lost his
2 transverse colon as a result of the surgeries?

3 A. I don't recall, no.

4 Q. Did he tell you that he had had multiple
5 hernia operations?

6 A. I don't remember now.

7 Q. Do you remember anything about mesh in
8 his abdomen?

9 A. No. The only information I have is what
10 is written here.

11 Q. Okay. When you first saw Mr. Moses, did
12 you have the digital record we were talking about,
13 the file on him, during that first meeting with him?

14 A. I don't recollect.

15 Q. Did you know that Mr. Moses was rushed
16 to the ER at Robert Wood in February of 2018?

17 A. I -- I learned that from Dr. Fares'
18 notes.

19 Q. Okay. All right. But do you have an
20 independent recollection as to whether -- when you
21 were sitting down with Mr. Moses and doing his
22 exam whether he discussed that earlier?

23 A. I don't recollect.

24 Q. You do recall, though, at some point --
25 well, let me ask you this: When you're -- when

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 85

1 you're saying -- when you stated a moment ago that
 2 you recall Dr. Fares treating Mr. Moses or examining
 3 him at some point, did you see that more recently,
 4 you know, within the last couple of weeks, or was it
 5 back then when you were treating Mr. Moses?
 6 A. I -- I -- I saw his consultation a
 7 couple of weeks ago.
 8 Q. Okay. Had you ever seen that before?
 9 A. No.
 10 Q. All right. Did Mr. Moses ever tell you
 11 that he was treated by Dr. Fares during that --
 12 A. I don't recollect.
 13 Q. All right. Do you recall Mr. Moses --
 14 and this is at the time that you're sitting with
 15 Mr. Moses for the first time, okay. What's reflected
 16 on the notes there, Exhibit 1. Did you -- did you
 17 ever learn during that meeting or thereafter that
 18 Dr. Fares suspected that Mr. Moses might have had a
 19 small bowel obstruction?
 20 A. I have no knowledge, no.
 21 Q. Did you ever learn that Dr. Fares
 22 recommended that the upper and lower endoscopies be
 23 performed on Mr. Moses?
 24 A. Only from -- by reading his consultation
 25 report.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 86

1 Q. Okay. And is this something that you
 2 did within the last few weeks or at the time you --
 3 you saw Mr. Moses?
 4 A. Last few weeks.
 5 Q. Okay. And you haven't seen that before?
 6 A. No, I did not.
 7 Q. In the normal course in -- in terms of
 8 the -- the digital file that you said would be open
 9 for the inmate patients that you would either have
 10 available to you at the time or at some point
 11 thereafter, do you recall Mr. Moses's file being open
 12 to you or available to you?
 13 A. I don't remember now.
 14 Q. All right.
 15 A. How many years have gone by in-between?
 16 Can you calculate for me how many years have gone by?
 17 Q. Since when?
 18 A. Since I saw him on 4- -- what was that,
 19 4/24/18?
 20 Q. '18. Right.
 21 MR. PATTANITE: Five years.
 22 Q. We're talking five years.
 23 A. Five years. Do you remember what
 24 breakfast you ate five years ago?
 25 Q. I don't remember my breakfast from this

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 87

1 morning.
 2 A. Another lawyer said, I'm not sworn, so I
 3 won't answer the question. I ask every time they ask
 4 me in -- in this kind of meeting, I ask them, What
 5 did you eat on that morning.
 6 Q. Right. I'm just trying to know what you
 7 recall. All right?
 8 A. How can you expect a person to recall
 9 five-year-old thing unless it was a murderer who came
 10 to murder me and my wife. I will recall that.
 11 Q. Let's see. All right. So at the time
 12 that -- that you saw Mr. Moses for the first time as
 13 reflected in these notes, you were not aware of
 14 Dr. Fares' recommendation, if any, that he be given
 15 endoscopies?
 16 A. No, I did not know. It's not written in
 17 here, so I cannot tell you that.
 18 Q. All right. Is it possible that you were
 19 aware of it? Possibility?
 20 MR. PATTANITE: Objection to form. You
 21 can answer.
 22 A. I don't know.
 23 Q. And I think you said that you can't
 24 recollect right now whether Mr. Moses told you he was
 25 in the ER a week before he saw you.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 88

1 A. I don't recollect. That's all I can
 2 say.
 3 Q. Okay.
 4 A. This is -- all of the questions that you
 5 ask other than what is written here, the answer is
 6 going to be I cannot recollect --
 7 Q. Okay.
 8 A. -- because it's a five-year-old thing.
 9 Q. And the notes are too sparse to refresh
 10 your recollection --
 11 A. That's right.
 12 Q. -- about that.
 13 A. Yeah. You know, I see five, six
 14 patients in one afternoon and I write my notes and I
 15 handwrite the notes. So -- so there is only so much
 16 that I can write.
 17 Q. Okay. So let's talk about the note.
 18 What we know you know about, right, or at least you
 19 think you do.
 20 Going back to Exhibit 1, we have a
 21 section there, "Assessment." Do you see that,
 22 Doctor?
 23 A. Yes.
 24 Q. And in your handwriting you have
 25 "Abdominal pain, diarrhea, gas, GERD." We talked

Veritext Legal Solutions

800-227-8440

973-410-4040

1 about what GERD is.

2 Below that -- and these are things that
3 Mr. Moses told you while you were there.

4 A. Right.

5 Q. Because he didn't have the digital
6 record at that point, right?

7 Below that is "H/O." Is that history
8 of?

9 A. History of.

10 Q. "Bowel resection."

11 A. Right.

12 Q. Okay. Have you treated -- prior to this
13 point in time, have you treated people who had bowel
14 resections in your practice?

15 A. I have.

16 Q. All right. Okay. And have you ever
17 treated anyone other than Mr. Moses who had a gunshot
18 wound?

19 A. I don't recollect.

20 Q. Okay. And what is the causes to -- for
21 the necessity of a bowel resection? Potential
22 causes. What types of things are most common?

23 A. Well, people who have cancer of the
24 colon.

25 Q. Right.

1 A. Patients who have bone disease and they
2 have, you know, complications from Crohn's disease,
3 they have resection of the bowel.

4 Q. Okay.

5 A. Or any C. diff inflammation, bad
6 colitis. You know, they -- they -- C. diff colitis.
7 I know you heard about that condition, but sometimes
8 it is incurable with medication; then they require
9 colon resection.

10 Q. Okay. The next line that we have here
11 is -- let's see, "Abdominal: Soft," Did I read
12 that correctly?

13 A. Yes.

14 Q. What's the next two words?

15 A. Old scars.

16 Q. Old scars.

17 A. Old scars on the belly.

18 Q. On the belly. Externally, though,
19 right?

20 A. That's right.

21 Q. The scars are external?

22 A. Right.

23 Q. Okay. Then I think it says, "No
24 palpable masses."

25 A. Right.

1 Q. All right. Was that something based on
2 your physical examination of Mr. Moses?

3 A. That's right.

4 Q. Okay. When you -- does this refresh
5 your recollection as to whether or not Mr. Moses was
6 complaining about abdominal pain when he saw you?

7 A. Yeah. It -- it says abdominal pain.

8 Q. Okay.

9 A. He said that to me.

10 Q. Okay.

11 A. Yeah.

12 Q. Do you recall telling Mr. Moses or
13 giving Mr. Moses that 1-to-10 scale? Tell me how bad
14 it is?

15 A. It wasn't done at the time, no. I did
16 not do it.

17 Q. Okay.

18 A. Or -- or it is not mentioned here
19 anyway.

20 Q. But you -- you feel it's kind of
21 useless?

22 A. I don't want to -- I don't want to
23 guess, you see.

24 Q. Yeah. And I don't want you to guess,
25 but, you know, you told us before that that's kind of

1 a useless test anyway because it's so subjective.

2 A. It is. Uh-huh.

3 Q. Okay. Do you recall after -- after
4 meeting with Mr. Moses in April 2018, which is
5 reflected in your notes here, do you recall learning
6 anything more about his history of bowel resection?

7 A. No.

8 Q. Would that be something you would look
9 into?

10 A. No, I don't.

11 Q. And where you -- you mention here,
12 "Abdomen: Soft, old scars. No palpable masses."
13 What -- what are you looking for with palpable
14 masses? What does that suggest?

15 A. Any -- any -- basically palpable mass
16 means like a tumor kind of thing, you know.

17 Q. And that's just a -- sort of a tactile
18 thing. You press on the --

19 A. You press on it and you feel it, yeah.
20 Uh-huh.

21 Q. Okay. And is there any significance to
22 no palpable masses? Meaning no tumors?

23 A. No tumors, yeah.

24 Q. All right.

25 A. At least not felt by the hand. I mean,

Page 93

1 he could still have a tumor --

2 Q. Right.

3 A. -- but I can't feel with my hands.

4 That's why the word "palpable."

5 Q. Okay.

6 A. Uh-huh.

7 Q. Are you aware -- strike that.

8 At -- at the time that you saw

9 Mr. Moses, were you aware of whether he ever had any

10 CT scans or MR imaging?

11 A. I don't remember now.

12 Q. Okay. Would you have noted it in your

13 note there, Exhibit 1, if he did?

14 A. If it was done and if it was available

15 to me, I would have wrote it, yeah.

16 Q. Okay. So based on that, is it suggested

17 you -- you didn't know about any CT scans or MR

18 images?

19 A. No, I did not. At least it's not

20 mentioned here, so what can I tell you.

21 Q. Okay. Moving on in your notes, we have

22 "Dx." Is that diagnosis?

23 A. Yes. Uh-huh.

24 Q. Is that differential diagnosis or -- or

25 regular diagnosis?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 94

1 A. It's a regular diagnosis.

2 Q. Okay. We have "adhesions," which we've

3 talked about, and then we have "short bowel

4 syndrome." Correct?

5 A. Right.

6 Q. Okay. So your first diagnosis of

7 Mr. Moses is the adhesions. That's -- is that the

8 same adhesions we've been discussing today?

9 A. That's right.

10 Q. All of the characteristics?

11 A. That's right.

12 Q. Okay. And what led you to that

13 diagnosis, that he had adhesions, in April of 2016?

14 A. From the -- from the history of surgery.

15 Prior surgery.

16 Q. Okay. So that's -- but we've already

17 discussed that you -- you can't really tell adhesions

18 from any testing other than the exploratory surgery?

19 A. One can suspect.

20 Q. Okay. So you were suspecting adhesions

21 here. It doesn't say that, but that's really what it

22 means, okay. And that wouldn't show up on a physical

23 exam, though.

24 A. No.

25 Q. At any point during this evaluation or

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 95

1 afterwards in connection with it, did you ever review

2 Mr. Moses' medical records suggesting that he had

3 this exploratory surgery for the adhesions?

4 A. I don't recollect.

5 (Reporter requests clarification.)

6 MR. INNAMORATO: Had or -- he had or

7 have exploratory surgery. Do you want to take a

8 break?

9 THE WITNESS: I think we keep going.

10 Can we finish it or no?

11 MR. INNAMORATO: Probably not today

12 total. So do you want to take a break now or....

13 It's up to you.

14 THE WITNESS: I would want to continue.

15 What is the time now?

16 MR. PATTANITE: It's ten after four.

17 THE WITNESS: Whatever your wish is.

18 MR. INNAMORATO: Well, you're the

19 witness. I'm trying to accommodate you. You made

20 time for me today, and I appreciate that. Do you

21 want to take a break for five minutes? Does that

22 help?

23 THE WITNESS: Sure. That's fine.

24 MR. INNAMORATO: Okay. Why don't we do

25 that. Because usually when she starts getting like

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 96

1 that, then I know I've got to take a break, so....

2 (Break: 4:09 p.m.)

3 (Resume: 4:17 p.m.)

4 BY MR. INNAMORATO:

5 Q. All right, Doctor, we're back from our

6 break. I had -- we were focusing on Exhibit 1, which

7 are the notes from your visit with Mr. Moses, the

8 first one, and the question for you there on

9 "Diagnosis: Adhesions short bowel syndrome." Those

10 were both suspected at that time?

11 A. Right.

12 Q. Okay. So if -- me, as a layman reading

13 this, there should be "suspected" before those two

14 phrases.

15 A. Right. Right.

16 Q. Okay. Now, do you recall

17 recommending -- and I know you're limited to -- to

18 recommending with the SO- -- with the Bureau of

19 Prisons -- recommending any tests to rule out things

20 other than adhesions as part of your normal care of

21 Mr. Moses?

22 A. Well, I have recommended medication.

23 That's all I can say at present.

24 Q. Meaning you don't recall, or....

25 A. I don't recall if I ordered any tests

Veritext Legal Solutions

800-227-8440

973-410-4040

1 for him, no.

2 Q. Okay. You did say something, I think,
3 to the effect -- and -- and I think we'll get to this
4 in a -- in a bit. You did perform endoscopies on
5 Mr. Moses in November of 2018, right?

6 A. Right.

7 Q. Okay. Just independently here, do you
8 recall recommending CT scans or MRIs of Mr. Moses or
9 endoscopies at any time prior to that November?

10 A. No.

11 Q. Okay. Would there be any reason why you
12 wouldn't? Based on what we have right here, what
13 would be your normal practice?

14 A. I -- I didn't -- I didn't -- I don't see
15 these -- these inmates after I see them in
16 consultation.

17 Q. All right. When you say "consultation,"
18 what are you referring to?

19 A. This -- this page.

20 Q. Okay.

21 A. This -- this was my visit to the prison
22 on that date.

23 Q. Right.

24 A. After that date, I do not see these --
25 the -- the inmates for any follow-up unless they --

1 another consult. Then the primary care physician
2 requests.

3 Q. So you wouldn't see him at all.

4 A. No. I won't see him at all, no.

5 Q. If -- if this was a private patient of
6 yours in your own practice and you have diagnosed
7 suspected adhesions or short bowel syndrome, would
8 you have ordered for the private patient the CT
9 scans?

10 A. Depending upon how long the symptoms
11 have been, I would have had some more information
12 about -- about the surgery or the resection of the
13 bowel. And depending upon that, the -- the tests
14 would be ordered, yes.

15 Q. Okay. Would that be unusual for you to
16 order the CT or MRIs in this situation?

17 A. Not unusual, no.

18 Q. Okay. But here you didn't have control
19 over the follow-up is what you're saying.

20 A. Right. I did not have, no.

21 Q. Okay. Independently, do you recall any
22 follow-up yourself other than the -- the November
23 2018 endoscopies?

24 A. No. I don't recall any, no.

25 Q. If this was -- if Mr. Moses was a

1 private patient, would you also consider endoscopies
2 to rule out something other than adhesions?

3 MR. MAILLOUX: Object to the form.

4 A. Well, as a -- as a -- as a GI practice
5 and GI symptoms, we first -- unless the patient is
6 very acutely sick, we try medication and see what the
7 effect of the medication is, and depending upon that,
8 the follow-up is done. And if the symptoms do not
9 resolve with medication, then we order the tests.

10 Q. Okay. With regard to the -- to the
11 adhesions, would that -- would that be consistent
12 with the abdominal pain that he told you about?

13 A. I think so, yes. Uh-huh.

14 Q. Okay. The -- the short bowel syndrome,
15 that's something you suspected. Would that be
16 something that would -- you would want to rule out at
17 this point or you would normally rule out?

18 A. I think this was from the history given
19 by the patient.

20 Q. Oral history.

21 A. Regarding prior surgery and what was
22 done to him, yeah.

23 Q. Okay. Can short bowel syndrome cause
24 pain?

25 A. It can cause pain, yeah. Uh-huh.

1 Q. All right. And, Doctor, at any point
2 during your initial evaluation with Mr. Moses, what's
3 reflected here on Exhibit 1, did you ever ask him for
4 a urine or blood sample? Drug screen?

5 A. I don't recall now.

6 Q. Did you have -- can you recall today
7 whether you had any concerns about him taking illicit
8 drugs?

9 A. No. I can't recall.

10 Q. All right. Do you recall any -- seeing
11 any evidence suggesting that Mr. Moses' complaints of
12 extreme pain was somehow exaggerated?

13 A. It's difficult to say at this stage for
14 me.

15 Q. Okay.

16 A. No -- I can say no recall. I can't
17 recall.

18 Q. All right. Okay. Let's go back to
19 Exhibit 1, and I want to focus your attention on the
20 left there. It says "Plan." Do you see that?

21 A. Right.

22 Q. The first thing I see next to "Plan" is
23 you have four items located there, right?

24 A. Right.

25 Q. And is that all in your handwriting?

Page 101

1 A. This is my handwriting, yes.
 2 Q. Okay. And it looks like the -- the
 3 first three are -- are those medications?
 4 A. They are. Uh-huh.
 5 Q. All right. The first one is -- is
 6 called -- is it Bentyl?
 7 A. Bentyl, yeah. Uh-huh.
 8 Q. All right. Ten milligrams. And --
 9 A. Every six hours as necessary.
 10 Q. And what was that for?
 11 A. It's an antispasmodic. If the abdominal
 12 pain is caused by spasm in the intestines then the
 13 Bentyl will relieve the spasm and give him comfort
 14 with abdominal pain.
 15 Q. All right. So -- so Bentyl is otherwise
 16 a gut antispasmodic?
 17 A. It is.
 18 Q. Okay. And it can be used to treat
 19 irritable bowel syndrome --
 20 A. Yes.
 21 Q. -- and conditions by reducing the
 22 intestinal cramping? That type of thing?
 23 A. That's right.
 24 Q. And you prescribed that for Mr. Moses
 25 after your first meeting with him. Is that right?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 102

1 A. Right.
 2 Q. Bentyl is not a controlled substance.
 3 A. No, it's not.
 4 Q. Okay. And it's not considered a -- a
 5 painkiller, right?
 6 A. No.
 7 Q. It has no opioid effects?
 8 A. No. No opioid effect, no.
 9 Q. All right. It's a -- I guess it's a
 10 painkiller in the sense that it indirectly reduces
 11 pain by --
 12 A. Reducing the spasm in the intestines.
 13 Q. Right. Okay. The next one we have
 14 is -- is Imodium. You see that?
 15 A. Right.
 16 Q. And that's also an over-the-counter
 17 treatment?
 18 A. It is, yeah. Uh-huh.
 19 Q. Used to treat diarrhea and gas?
 20 A. Right, it is.
 21 Q. And Imodium is also not considered a
 22 painkiller or pain reducer?
 23 A. No, it's not.
 24 Q. The next one -- I'm not even gonna try
 25 and pronounce it.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 103

1 A. Omeprazole.
 2 Q. Okay. Thank you.
 3 MR. PATTANITE: O-M-E-P-R-A-Z -- Y-L-E?
 4 THE WITNESS: O-L-E.
 5 Q. Okay. So you also gave Mr. Moses
 6 something called Omeprazole?
 7 A. Right.
 8 Q. And that's an acid reducer commonly used
 9 to treat indigestion, heartburn. That kind of thing?
 10 A. Heartburn mainly.
 11 Q. Treat acid reflux as well?
 12 A. Heartburn and acid reflux are
 13 synonymous.
 14 Q. Okay. That's -- that's an over the
 15 counter, right? That's not a controlled substance?
 16 A. It's -- it's -- believe or not, it's
 17 prescription strength, but it's not controlled.
 18 Q. Okay. And again, it doesn't have any
 19 pain-relieving properties like narcotics?
 20 A. No, it does not.
 21 Q. Okay. And we saw when you -- when
 22 Mr. Moses -- on the top there when he first met with
 23 you in April of 2018, he complained to you about
 24 abdominal pain, right?
 25 A. Right.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 104

1 Q. Do you remember him -- the -- the
 2 degree? And I know I asked you a little bit about
 3 the 1 to 10, but do you remember him, like the other
 4 individual you talked about, Don't touch my skin. I
 5 mean, was it that kind of pain; do you remember?
 6 A. I don't.
 7 Q. All right. And he did have, though, at
 8 least orally from you an objective history of
 9 abdominal trauma, the bowel resection?
 10 A. Right.
 11 Q. Okay. Do you recall whether you had any
 12 doubts as to whether or not Mr. Moses was truly
 13 experiencing pain then?
 14 A. There would be no way to know.
 15 Q. All right. There are -- there are lower
 16 level narcotics. If there -- if we have sort of a
 17 scale and you have the -- the top level, oxycodone,
 18 things of that nature -- we talked about tramadol,
 19 right, which is a lower prescription with a lower
 20 composition of -- of narcotics -- do you have
 21 something in the Tylenol family as well? Tylenol 3,
 22 or something like that?
 23 A. Tylenol 3 has -- has codeine in it.
 24 Q. Right. Codeine in it, okay. When you
 25 were visiting with Mr. Moses in April of 2018, I

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 105

1 don't even see that you've prescribed Tylenol for
2 him. Any form of Tylenol. Even the nonnarcotic. Do
3 you know why?

4 A. The -- the pain caused by -- by spasm of
5 the intestines is helped by Bentyl.

6 Q. Okay. But -- but you have adhesions
7 there too suspected?

8 A. Same thing: Adhesions is cause by
9 blockage of the intestines. Adhesions by itself do
10 not cause pain, you see. They -- they -- they
11 intertwine the intestine --

12 Q. Right.

13 A. -- and they -- and cause -- cause
14 partial blockage of the intestines, and that causes
15 the pain and discomfort.

16 Q. But the antispasmodic -- if -- if
17 indeed -- strike that.

18 If indeed Mr. Moses did have adhesions,
19 the antispasmodic would not alleviate the adhesions,
20 the pain from that.

21 A. No, they will not. Yeah. The only way
22 it will alleviate discomfort is if adhesions are
23 causing partial blockage of the intestine.

24 Q. Because of the antispasmodic qualities
25 of Bentyl.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 106

1 A. Bentyl, yeah.

2 Q. Okay. All right. But you didn't know
3 that at the time. You were just suspecting
4 adhesions.

5 A. Suspecting, yeah. Uh-huh.

6 Q. All right. Were there any other
7 consideration at the time or that you learned
8 thereafter that would cause you not to prescribe any
9 type of narcotic pain relief for Mr. Moses?

10 A. Well, whatever is written here we went
11 over it, and that's the only information that I have.
12 I -- I don't have a separate recollection of
13 conversation with him about the use of narcotics or
14 pain-seeking behavior or any other issue that he had.

15 Q. We talked earlier about your general
16 view, you know, which has been in your practice, I
17 guess, from -- from the inception about narcotics.
18 That you don't like to prescribe them and in a very
19 limited fashion.

20 A. Right.

21 Q. Okay. Would that apply to the time that
22 you saw Mr. Moses?

23 A. Yes.

24 Q. So you've been consistent is what I'm
25 asking.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 107

1 A. Right.

2 Q. All right. When you first saw Mr. Moses
3 that's reflected here in Exhibit 1, did you consider
4 having him go for endoscopies?

5 A. Considered doing endoscopy?

6 Q. Yeah.

7 A. Yeah. I -- I -- as we discussed
8 earlier, whenever I see a patient with symptoms -- GI
9 symptoms, unless the person shows signs of bowel
10 obstruction or acute -- acute abdominal we call it.
11 When the belly is tense, very painful, he won't let
12 me even touch it, he might be running a fever,
13 et cetera, that's called acute abdomen. Unless he
14 has an acute abdomen, we prescribe medications first
15 and see the effect of medication. And very small
16 percentage of patients, the medications will relieve
17 the symptoms and they won't need any further test.

18 Q. All right. So you're saying in a very
19 small percentage you won't have to do the
20 endoscopies.

21 A. Right.

22 Q. Okay.

23 A. Or -- or maybe you don't have to do
24 endoscopy if the symptoms go away with medication.

25 (Reporter requests repeat.)

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 108

1 A. If the symptoms go away with medication,
2 endoscopy is not necessary.

3 Q. And -- and that's the -- the minority of
4 cases, though.

5 A. If the symptoms don't go away.

6 Q. No. If they go away is that the
7 minority of the symptoms (sic)?

8 MR. PATTANITE: Objection to the form.
9 You can answer.

10 Q. You can answer? Let me start over.

11 Doctor, when -- we were talking about
12 when you would recommend an endoscopy for a patient
13 that's presenting these types of symptoms.

14 A. If they last for a long enough time.
15 That is -- there's no -- no hard and fast rule it
16 should be three weeks or six weeks or 12 weeks or
17 eight weeks.

18 Q. Right.

19 A. But if the symptoms last only for four
20 days and person feels better and he's -- he's normal
21 functioning, then no, I will not order any tests. If
22 the symptoms last longer -- months, two months, he
23 comes again and again with belly pains -- then I
24 might consider doing some -- some procedure.

25 As a matter of fact, if there's a --

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 109

1 symptoms are mostly due to short bowel syndrome,
2 which this -- this patient probably had short bowel
3 syndrome, the endoscopy and colonoscopy do not add to
4 the diagnosis. The colonoscopy can be risky. It can
5 cause perforation of the bowel because of the
6 presence of adhesions and the short bowel situation.

7 Q. Okay.

8 A. It's very risky, so....

9 Q. But in terms -- in terms of the patients
10 that resolve after four days being treated with
11 Bentyl or the other medications that you prescribed
12 here, is that a larger group or those that do not?

13 A. I have no statistics on them.

14 Q. Okay. What's been your experience?
15 That it usually works out or it doesn't work out?

16 MR. PATTANITE: Object to form. You can
17 answer.

18 A. Yeah. It's difficult to say.

19 Q. Okay. How about with Mr. Moses here,
20 based on what we see in front of us?

21 A. Looks like it did not work out with him.

22 Q. Okay.

23 A. He continued to have symptoms. That's
24 why he was sent back -- sent -- referred again for --
25 for endoscopy procedure.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 110

1 Q. And you actually performed those.

2 A. I did.

3 Q. And that was November of 2018?

4 A. Right.

5 Q. Okay. During your -- your first visit
6 with Mr. Moses in April 2018, did you ever tell him
7 anything to the effect of stay away from surgeons and
8 you'll live longer.

9 A. I read in his deposition --

10 Q. Right.

11 A. -- that I told him to -- if you want to
12 live longer, stay away from surgeons. Something
13 along those lines.

14 Q. Did you ever say that to him?

15 A. I must have said it, yes.

16 Q. Okay. And that was because of the
17 invasive nature of surgery, you know, complications,
18 things like that?

19 A. Multiple surgeries that he had.

20 Q. Right. And opening it up again just
21 creates a risk, I take it.

22 A. Right.

23 Q. Okay. Of infection?

24 A. It's not much -- not so much the
25 infection, but more -- more surgeries, more

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 111

1 adhesions, more problems.

2 Q. Is -- is it true that -- that the
3 problem with adhesions is that when you go in to fix
4 them, you're leaving more scar?

5 A. That's right.

6 MR. INNAMORATO: Okay. Let's mark
7 another exhibit. Mark this as Chowdhury-2.

8 (Chowdhury-2, Surgical Consultation
9 Bates-stamped US000470 and US000471, marked for
10 identification.)

11 Q. Now, Doctor, there's some text on there,
12 so I want you to take your time and read it, okay?

13 A. (Witness reviewing exhibit.)

14 MR. MAILLOUX: Just off the record,
15 (Off-the-record discussion.)

16 MR. INNAMORATO: All right. We're back
17 on the record.

18 Q. Doctor, have you had an opportunity to
19 review what we've marked as Chowdhury-2?

20 A. Yes. Uh-huh.

21 Q. Okay. This appears to be a record
22 prepared by a Dr. Fares, and it's dated 2/16/18
23 regarding Mr. Moses. A trip to the Robert Wood ER
24 around that time. Do you see that?

25 A. Yes. Uh-huh.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 112

1 Q. Have you ever seen this before?

2 A. I have.

3 Q. Was that at the time in 2018 or in
4 preparation for this deposition?

5 A. In preparation for the deposition.

6 Q. All right. Had you ever seen it before
7 that?

8 A. No.

9 Q. Okay. Would this normally be part of
10 that digital record that we talked about with your
11 work for the Bureau of Prisons?

12 A. It could be. I can't tell you 100
13 percent, you see.

14 Q. Okay. Is it that it's the type of
15 record, maybe not this particular record, but this is
16 the type of thing that would be in the digital file?

17 A. In the patient's file, yes. Uh-huh.

18 Q. Okay. What this reflects -- and I'm
19 just gonna ask you whether you know -- not because
20 this record says it, but your own independent
21 recollection of certain facts, okay.

22 If we go to the bottom of the text and
23 we go to the fourth line up beginning with "I
24 believe." Do you see that?

25 A. Right. I do.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 113

1 Q. Here it -- it suggests that Dr. Fares
2 says, "I believe he needs upper and lower endoscopies
3 to be performed since the last testing he had done
4 was at least 5 years ago. If this patient does
5 indeed have some kind of small gut syndrome, this
6 needs to be investigated and followed medically.* Do
7 you see that?

8 A. Yes. Uh-huh.

9 Q. Do you have any disagreement with
10 that --

11 A. No.

12 Q. -- approach?

13 A. No.

14 Q. Okay. Did you ever learn that -- that
15 Dr. Fares, the surgeon -- well, let me ask you this:
16 Why would Dr. Fares be having a surgical consult with
17 Mr. Moses?

18 MR. PATTANITE: Objection to the form.
19 You can answer.

20 Q. You can answer it.

21 A. Because of his -- his vomiting and prior
22 history of abdominal surgery.

23 Q. All right. Could it be the adhesions?

24 A. Could be adhesions, yeah. Uh-huh.

25 Q. Okay. And that's what you suspected

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 114

1 when you saw Mr. Moses a couple of months later,
2 right?

3 A. Right.

4 Q. Did you ever learn at any point other
5 than preparing for this deposition that Dr. Fares in
6 February of 2018 recommended endoscopies?

7 A. I don't recollect, no.

8 Q. All right. Just generally, what -- what
9 was it that -- that led you in November of 2018 to
10 actually perform the endoscopies on Mr. Moses?

11 A. I think because of the persistent
12 symptoms and complaints that this patient had, so he
13 was -- he was referred for endoscopic examination.

14 Q. All right. Is -- is the time of -- how
15 many months was that -- nine months after you first
16 saw him, is that a norm in your field?

17 A. No. There's not normal.

18 Q. There's not a normal. But it was -- who
19 came up with the recommendation, is what I'm asking,
20 that you actually perform endoscopies; do you know?

21 A. He was -- I mean, he was seen on a
22 regular basis by the prison doctor.

23 Q. Dr. Sood for exam.

24 A. Dr. Sood, yeah. And they -- Dr. Sood is
25 the one who must have referred him again to me

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 115

1 because of his persistent symptoms that something
2 more should be done for him. He already had a CAT
3 scan done, and so -- so the next step was to do an
4 endoscopy examination.

5 Q. So you -- you recall Mr. Moses having a
6 CAT scan done between the time you saw him in April,
7 and then November, of 2018; do you remember that?

8 A. No. After reading this.

9 Q. Okay. I see. So based on the -- we're
10 assuming that -- that the CAT scan was done here --

11 A. Right.

12 Q. -- based on this record.

13 Okay. Did you have any communication
14 with Dr. Fares about Mr. Moses directly after you saw
15 him in April?

16 A. I don't recollect.

17 Q. Okay. All right. Looking back at this
18 record -- and I'm sorry, Doctor. Go up five lines.
19 The line above where we were just referring. Five
20 lines from the bottom.

21 A. Right.

22 Q. "I believe at this point in time,
23 there's no evidence of obstruction and there's no
24 surgical indication or surgical abdomen present.* Do
25 you understand what that meant?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 116

1 A. Yeah.

2 Q. And what is that?

3 A. Surgical abdomen. Remember, I -- I was
4 telling you about the acute abdomen.

5 Q. Right.

6 A. The distended abdomen. Very painful.
7 Bowel sounds are diminished --

8 Q. Right.

9 A. -- or they could be absent. That is
10 surgical abdomen. This happens when there's --
11 there's a perforation of a -- of an organ inside.

12 Q. Is that inflammation, then?

13 A. Inflammation and it causes peritonitis.
14 That is surgical abdomen.

15 Q. Okay. And is Dr. -- based on this -- I
16 know it's -- it's not your record, but is Dr. -- this
17 text suggesting that Dr. Fares ruled out something in
18 those notes?

19 A. He said it is not a surgical abdomen
20 because his note -- he writes in his note the abdomen
21 is soft. Nice and soft.

22 Q. Okay. Doctor, at any point in time
23 since this lawsuit has been filed, had you -- have
24 you talked to Dr. Sood or Dr. Fares?

25 A. No, I did not.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 117

1 MR. INNAMORATO: Mark this Chowdhury-3.
 2 (Chowdhury-3, Final Report Bates-stamped
 3 US000478 through US000480, marked for
 4 identification.)
 5 A. (Witness reviewing exhibit.)
 6 Q. Doctor, have you had an opportunity to
 7 review Exhibit 3?
 8 A. Yes, I did.
 9 Q. All right. This appears to be a
 10 report -- a radiology report concerning Mr. Moses
 11 dated 2/14/18 and prepared by a Dr. -- I'm gonna
 12 butcher this -- Khorashadi?
 13 A. Difficult last name.
 14 Q. It is. It is. Are you familiar with
 15 Dr. Khorashadi?
 16 A. No, I'm not.
 17 Q. Okay. Have you ever seen this document
 18 before?
 19 A. No.
 20 Q. Is this the type of document that would
 21 be in that digital file that we talked about before?
 22 A. Yes.
 23 Q. Okay. And it looks like the referring
 24 physician is Sood. I'm assuming that's the same
 25 Dr. Sood.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 118

1 A. Yeah. Uh-huh.
 2 Q. The one thing I wanted to -- is -- was
 3 there anything that -- when you went through this
 4 that surprised you with regard to Mr. Moses'
 5 condition?
 6 A. No. It did not surprise me, no.
 7 Q. Okay. On the first page, the paragraph
 8 up from the bottom where it says "Multiple
 9 differential." Do you see that under "Impression"?
 10 A. Right. Right.
 11 Q. "Multiple differential air-fluid levels
 12 with dilated small bowel." What does that mean.
 13 A. It's an indication for -- well,
 14 suspected obstruction.
 15 Q. Okay. And -- and how is that suspected?
 16 What -- what is it about the dilated small bowel that
 17 suggests --
 18 A. That the air is not going through or the
 19 liquid is not going through.
 20 Q. Okay. So something -- there's an
 21 obstruction in there preventing that normal flow.
 22 A. Right.
 23 Q. Okay. "Findings are concerning for
 24 partial or early small bowel obstruction. Follow-up
 25 along clinical correlation advised." Do you see

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 119

1 that?
 2 A. Right. Right.
 3 Q. Is that -- do you agree with that? That
 4 the follow-up is important?
 5 A. Right. Right.
 6 Q. Okay. And this appears to be at the
 7 same time or around the same time that we saw in the
 8 earlier exhibit, Mr. Moses met with Dr. Fares:
 9 February of 2018.
 10 A. (Witness reviewing exhibit.)
 11 So this was same -- same day, as a
 12 matter of fact.
 13 Q. It looks like that.
 14 A. 2/15 and 2/14.
 15 Q. Right.
 16 A. So the patient must have been in the --
 17 in the emergency room waiting for -- I think they
 18 were placing an NG tube, right? So -- so he was
 19 there for a while in the emergency room.
 20 Q. Okay.
 21 A. That's when he had this X-ray done.
 22 Q. And then the -- does that comment, I
 23 mean, to do all the tests while the patient's in the
 24 ER particularly when they're inmates?
 25 A. They don't have to be an inmate.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 120

1 Regular citizen will also get the X-rays done --
 2 Q. Okay.
 3 A. -- and will be treated same way.
 4 Q. Do you recall any difference in the way
 5 that -- that the inmates were -- because of security
 6 concerns, obviously, but even when they're in the ER,
 7 but where they would be kept for a shorter period of
 8 time than -- than, you know, non-inmate patients?
 9 A. Not really. I don't think so.
 10 Q. When -- when you evaluate inmates, do
 11 you have a security guard there?
 12 A. Yes.
 13 Q. Okay.
 14 A. Actually, St. Francis Hospital had a
 15 security unit. Whole unit for the inmates.
 16 Q. Did the prison send anyone along with
 17 the inmates?
 18 I'm trying to figure out who's in the
 19 room, and you said that St. Francis has its own
 20 security force, but --
 21 A. No. Floor. Floor, not force. There's
 22 a floor only for prisoners.
 23 Q. Oh. I see. All right. So they had the
 24 normal complement of security.
 25 A. Doors, yeah. Steel doors everywhere.

Veritext Legal Solutions

800-227-8440

973-410-4040

[& - above]

Page 1

&	1964 8:6	2:53 42:13	76 8:19
& 2:7 3:7	1978 8:19 9:22	3	79 4:11
0	11:23 12:10	3 4:14 63:14	9
03/15/2018	2 4:12 111:7,8	104:21,23	9441 123:20
81:10	111:19	117:1,2,7	970 3:13
04/24/2018	2/14 119:14	30 123:23	973-645-2937
80:17	2/14/18 117:11	300 3:3	3:14
07102 3:14	2/15 119:14	30xi00155900	99.9 51:16
08540 3:3	2/16/18 111:22	123:22	a
08648 3:8	20 1:4 14:21	35 23:15 35:23	abdomen 45:1
1	15:18 122:13	3:02 42:14	45:3,6 69:8
1 4:10 63:12	124:22	4	76:13 77:21
79:22,23 81:8	2015 12:10	4 86:18	83:10 84:8
82:3 85:16	17:19 18:1,25	4/24/18 86:19	92:12 107:13
88:20 91:13	19:2 28:14	407 80:24	107:14 115:24
93:13 96:6	2018 79:2,3,6	408 80:14	116:3,4,6,10,14
100:3,19 104:3	79:12 81:22,23	4:09 96:2	116:19,20
107:3	84:16 92:4	4:17 96:3	abdominal
1-10 1:8	94:13 97:5	4:54 121:13	70:1,2,6,9
10 19:10,12	98:23 103:23	5	72:12 79:14
63:12,14 91:13	104:25 110:3,6	5 4:5 19:10,12	82:23 83:18
104:3	112:3 114:6,9	113:4	88:25 90:11
100 112:12	115:7 119:9	500 3:3	91:6,7 99:12
1025 1:4	2020 10:1,2,12	6	101:11,14
111 4:13	10:13,13,15	6/7/2023 124:3	103:24 104:9
117 4:14	11:10 13:12	609-896-2000	107:10 113:22
12 108:16	17:19 18:2	3:9	ability 6:21
136 2:7 3:8	19:2	609-987-0054	47:19
15 81:22	2023 2:9	3:4	able 60:20
16 123:24	123:24	7	abnormality
18 86:20	2024 123:23	7 2:9 63:13	44:20
1920 9:24	24th 81:23	700 3:13	above 2:3
10:11	2:09 2:10		115:19

Veritext Legal Solutions

800-227-8440

973-410-4040

[abscesses - approved]

Page 2

abscesses 77:16	address 60:10	82:19 85:1,7	answers 5:23
77:25	61:3	86:24 113:4	antispasmodic
absent 116:9	adhesions	agree 63:4	101:11,16
acceptable 52:8	51:19,20,23	69:25 72:11	105:16,19,24
accepted 71:18	52:1,4 68:2,4	119:3	anybody 16:19
71:23,24	68:12,13 69:4	ahead 11:18	55:12 56:3
accommodate	69:9,10,11,16	24:16 66:11	anymore 13:1
95:19 121:8	69:19,24 70:1	ailments 40:9	53:21
accurate 74:2	70:4,12,19,22	air 118:11,18	anyway 91:19
122:6 123:10	70:23 71:2,3	al 124:2	92:1
acid 82:25	71:15 72:3,5,7	alleged 13:25	aplastic 67:13
103:8,11,12	72:13,16,19,24	alleviate	apologize 30:25
action 123:15	73:2,7,18	105:19,22	appears 81:2
123:18	74:19,21,21	allowed 10:20	111:21 117:9
actual 82:18	75:2,3,10,11	allows 77:2	119:6
actually 20:11	94:2,7,8,13,17	alternative	appendix 69:7
28:2 30:17	94:20 95:3	49:1 62:3	applied 66:7
31:15 32:24	96:9,20 98:7	america 1:7	apply 106:21
35:12 41:20	99:2,11 105:6	3:16	appreciate
46:22 110:1	105:8,9,18,19	amount 21:14	95:20 121:11
114:10,20	105:22 106:4	59:9 83:22	approach
120:14	109:6 111:1,3	amounts 21:25	113:12
acute 51:15	113:23,24	anemia 67:11	appropriate
107:10,10,13	admits 29:20	67:14,14,15,17	24:6
107:14 116:4	admitted 29:11	anemic 67:16	approval 25:8
acutely 99:6	advised 118:25	answer 33:25	46:25 47:12,13
add 109:3	afternoon 5:5	39:12 44:8	49:20
added 73:22	88:14	56:1 71:20,25	approvals
addicted 54:21	age 6:23 11:6	73:4 87:3,21	47:11
59:23	11:17,19 12:24	88:5 108:9,10	approve 46:20
addiction 53:6	agencies 17:11	109:17 113:19	46:22,23 48:23
53:8 54:19,22	agency 9:10	113:20	49:21
56:18	ago 14:13,17,18	answered	approved 29:1
additional	14:21 15:17,18	57:22	29:3 47:3
40:22	16:3 28:10		

Veritext Legal Solutions

800-227-8440

973-410-4040

[approximate - blame]

Page 3

approximate	ate 86:24	background	behavior 65:22
12:19	attached 4:15	7:25	106:14
approximately	attempt 52:6,8	backing 83:1	believe 5:7
14:12 16:2	attend 8:1	bad 58:6 90:5	16:19 25:5
78:24 79:4	attended 16:25	91:13	26:2,3,21
80:19	attention	barium 44:5	48:21 80:11
april 79:2,12	100:19	70:24,25 73:9	82:3 103:16
81:23 92:4	attorney	73:11,17,19,21	112:24 113:2
94:13 103:23	123:14,16	base 37:4	115:22
104:25 110:6	attorneys 3:5	based 33:20	believed 56:7
115:6,15	3:10,12,15	42:21 91:1	belly 40:16,18
area 8:8 34:23	audio 19:4	93:16 97:12	77:6 90:17,18
51:1 71:14	available 38:22	109:20 115:9	107:11 108:23
77:21	39:6,7,10	115:12 116:15	bentyl 101:6,7
arrangement	86:10,12 93:14	basically 18:21	101:13,15
21:3,22 25:4	average 19:13	24:7 37:14	102:2 105:5,25
26:2 27:8,23	20:3,4	54:22 72:18	106:1 109:11
35:20,21 78:21	await 25:14	76:2 92:15	best 46:5,6
arrived 56:5,6	aware 21:2	basis 26:9 27:4	61:23
article 7:23	87:13,19 93:7	27:5 29:14	better 45:11
asked 30:25	93:9	31:22,23 34:4	49:8 108:20
71:24 104:2	azz 8:24	55:15 114:22	beyond 77:3,4
asking 45:22	b	bates 4:10,12	77:9,13
66:24 106:25	b 1:6 3:10 4:7	4:14 79:24	bhanwarlal
114:19	5:1 82:12,13	111:9 117:2	1:15 4:3 6:18
assess 34:5	b2 2:8 3:8	batteries 78:1	122:10 123:6
assessment	back 7:25 14:4	battery 75:10	bigger 56:24
88:21	18:25 19:3	becoming	biopsy 61:15
assist 39:18	63:23 64:2	59:13	bit 7:24 38:6
assistance 78:3	73:23 80:3,5	beds 10:19,19	58:7 61:4
78:7,8	85:5 88:20	10:24,25	66:12 68:1
assume 37:20	96:5 100:18	beginning	73:25 74:2
assuming	109:24 111:16	49:10 112:23	97:4 104:2
115:10 117:24	115:17	behalf 47:20	blame 44:2

Veritext Legal Solutions

800-227-8440

973-410-4040

[blank - cause]

Page 4

blank 81:16	68:18,21,23	27:13,22 28:3	capacity 11:1
bleed 67:14	69:14,17 70:24	29:3 31:15	capital 16:20
bleeding 15:1	77:16,24 83:23	32:9 33:15	capsulation
bloating 69:11	83:23 85:19	34:17 35:11,13	75:21
69:13	89:10,13,21	35:15 47:20	care 17:14,21
blockage 51:15	90:3 92:6 94:3	49:21 55:4,22	17:23 18:4,11
56:8 68:16	96:9 98:7,13	78:22 96:18	18:14 19:7
105:9,14,23	99:14,23	112:11	24:5 26:3
blockages	101:19 104:9	burning 71:14	27:12 29:18,19
51:13	107:9 109:1,2	business 16:22	29:21 30:8
blood 67:13,16	109:5,6 116:7	36:24	31:12,25,25
100:4	118:12,16,24	butcher 117:12	33:3 96:20
bo 96:18	break 6:14 42:7	bye 65:3	98:1
board 8:10,12	42:10,13 95:8	c	careful 59:19
8:15,18 9:10	95:12,21 96:1	c 3:1 5:1 90:5,6	carnegie 3:3
32:12 34:20	96:2,6 121:4	123:1,1	carrigg 2:7 3:7
37:23	breakfast	calculate 86:16	case 1:4 5:7
body 44:16,16	86:24,25	calculated	13:25 14:8
44:25 64:7	breathing 58:7	22:10	15:4 54:9
65:19 76:13	brief 12:20	call 30:19,21	60:22 66:14
66:20	66:20	47:13 59:9,23	106:8 124:2
bolded 80:15	briefly 12:16	73:10 107:10	cases 15:5,11
bone 60:12,13	brings 16:10,11	called 30:13,15	15:15,19 16:4
60:18 61:12	broached 42:18	51:18 65:6	108:4
63:23 67:13	broad 3:13	67:2,24 101:6	casey 2:7 3:7
90:1	34:1 51:3	103:6 107:13	cat 41:4 70:25
bono 20:21	broke 22:12	calling 59:2,2,3	73:9,13 115:2
bop 26:3 46:10	brought 14:7	calls 53:20	115:6,10
65:24 66:1	16:12	cancer 25:14	cause 43:21
74:13	budget 22:17	60:11,13,18	58:1 68:14,15
bottom 81:1,9	bureau 1:7	61:12 67:15,16	68:16,18 69:3
82:12 112:22	3:16 21:3 22:1	89:23	69:7,10,11,13
115:20 118:8	22:1,16 24:3,4	capable 36:20	83:5 99:23,25
bowel 51:13,15	24:17 25:7,14	37:19 52:19,23	105:8,10,13,13
56:8,21,23	26:10,14,24	52:24	109:5
57:2,5,16 67:7			

Veritext Legal Solutions

800-227-8440

973-410-4040

[caused - compensation]

Page 5

caused 68:6 101:12 105:4	characteristics 94:10 charge 22:3 24:20 check 40:16 checking 40:18 chemical 57:18 chest 44:25 child 73:20 chowdhury 1:6 1:15 3:10 4:3 4:10,12,14 5:5 6:18 79:22,23 80:7 81:8 111:7,8,19 117:1,2 122:10 123:7 124:3,21	46:2 65:10 clinical 33:21 38:17 42:22 63:25 118:25 clinician 60:1 70:5 72:17 76:25 77:2,14 clinicians 45:12 78:9 clinics 18:12 close 11:7 13:10 closed 10:8,10 11:5,8 13:9 codeine 104:23 104:24 colitis 90:6,6 collaborations 33:20 college 8:2 colon 57:1,3 67:15 73:12 75:1 76:15,17 76:19 77:11 84:2 89:24 90:9 colonography 41:12 colonoscopies 10:18 colonoscopy 15:1 75:3 79:7 109:3,4 come 25:9 53:23	comes 24:12 26:20 47:13 108:23 comfort 101:13 comforted 57:11 coming 6:25 20:7 60:23 61:3 commencem... 123:6 commencing 2:9 comment 119:22 commission 122:20 123:23 124:25 committee 47:4 common 89:22 commonly 103:8 communicate 24:17 50:12,15 communication 115:13 companies 49:3 company 48:22 74:14,15 compared 37:2 compensated 20:25 compensation 20:22
-----------------------------	--	---	---

Veritext Legal Solutions

800-227-8440

973-410-4040

[complain - ct]

Page 6

complain 64:6 complained 103:23 complaining 42:19 79:13 82:22 91:6 complaints 38:18 40:14 100:11 114:12 complement 120:24 complementary 77:19 complications 15:3 75:19 77:15 90:2 110:17 composition 104:20 computer 39:15 44:21 computerized 39:24 44:14 concerning 117:10 118:23 concerns 100:7 120:6 concluded 66:18 121:13 conclusively 71:6 condition 14:3 67:23 90:7 118:5	conditions 51:2 52:14,15 56:9 73:7 75:13 101:21 conducted 21:8 conference 16:25 confirm 51:11 connected 64:4 83:15 connection 5:12 68:22 95:1 connections 37:1 consider 40:21 99:1 107:3 108:24 consideration 106:7 considered 70:5 102:4,21 107:5 consistent 43:16 99:11 106:24 constipation 57:19 58:1 69:12,21,22 70:6 consult 29:22 81:15 98:1 113:16 consultant 29:24 35:15	49:4 55:15 consultation 4:12 18:8,16 85:6,24 97:16 97:17 111:8 contact 11:8 37:3,5 66:20 continue 27:11 95:14 continued 109:23 continuous 8:13,15 18:1 contract 27:21 27:25 28:2 30:18,20 32:8 34:16 35:12 46:10 49:22 65:25 contractual 21:3 contrast 70:25 73:9 contribute 43:21 control 98:18 controlled 102:2 103:15 103:17 controls 74:16 conversation 106:13 coordinate 25:18	copd 58:6 copy 28:5,9 corner 2:8 3:8 correct 20:9 24:14 28:14 32:10 47:18 81:21 94:4 corrections 122:4 correctly 90:12 correlation 63:25 118:25 costs 49:1 counsel 123:14 123:16 counseled 55:4 counter 43:9 102:16 103:15 couple 42:4,16 85:4,7 114:1 course 32:4 86:7 court 1:1 covid 10:16,18 10:20,25 11:14 cramping 101:22 creates 110:21 crohn's 90:2 cross 4:4 et 41:11,14,15 44:12,15,21,24 45:2,7,11,13,20 45:23,25 46:4 47:9 48:13
---	--	--	---

Veritext Legal Solutions

800-227-8440

973-410-4040

[ct - disease]

Page 7

70:16 72:21 74:2 75:8,22 76:2,11,14 77:18 78:1 93:10,17 97:8 98:8,16 cucumber 44:17 currently 8:21 8:21 cutting 71:14 cv 1:4 d 4:1 5:1 daily 34:4 date 17:18 80:11 81:3,24 97:22,24 123:12 124:3 dated 111:22 117:11 123:24 dates 14:16 david 1:6 3:16 day 29:14 55:18,18 64:11 119:11 122:13 124:22 day's 21:13 days 14:3 43:5 44:21 54:12,14 54:14 108:20 109:10 decide 47:6 decided 12:25	declined 14:4 defendant 3:10 13:15 16:5 defendants 1:9 3:15 define 67:3 deformity 44:6 degree 104:2 denied 26:15 31:3 depending 19:16 98:10,13 99:7 deponent 122:1 deposed 5:9 deposition 1:13 5:17 6:8 7:1,22 110:9 112:4,5 114:5 122:4 124:3 depression 58:5 depth 68:3 described 30:11 66:8 68:22 description 4:9 13:18 desirable 75:4 detail 14:15 details 45:16 79:17 determine 61:10 63:2 77:14	devoted 19:9 diagnose 74:21 diagnosed 71:6 98:6 diagnosis 34:10 36:17 63:22 67:3,5,9,12,18 67:25 70:12,22 72:19,23 74:19 78:10 93:22,24 93:25 94:1,6 94:13 96:9 109:4 diagnostic 70:13 diarrhea 69:11 69:15,23 82:23 88:25 102:19 diff 90:5,6 difference 120:4 different 20:17 20:17 38:10 44:25 73:14,14 76:12,12 differential 67:2,5,9,12,18 67:25 93:24 118:9,11 difficult 33:23 34:4 63:8 100:13 109:18 117:13 digital 84:12 86:8 89:5	112:10,16 117:21 dilated 118:12 118:16 dilation 57:3 diminished 116:7 dinnamorato 3:4 direct 4:4 5:4 direction 45:23 directly 21:9 33:15 115:14 director 33:10 disagree 34:9 47:20 disagreed 36:16 38:3 disagreement 113:9 disciplined 9:10 discomfort 105:15,22 discussed 49:20 55:7 84:22 94:17 107:7 discussing 22:23 48:13 94:8 discussion 80:2 111:15 disease 67:19 83:3 90:1,2
---	---	---	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[disinclined - encounter]

Page 8

disinclined 54:19 dispute 34:13 distended 116:6 distill 22:7 23:22 distinguish 60:1 distress 42:20 district 1:1,1 3:12 diverticulitis 51:7,8 dix 18:19 20:8 20:11,12 21:23 23:15 32:23 33:4 38:24 39:4 78:15,16 80:10 doctor 6:19,23 13:13 17:3,14 20:16,20 30:16 33:8 38:16 42:9,16 49:3,4 49:18 50:7,13 50:18 52:22 55:17 60:24 66:12 75:20 76:9,10 79:15 80:15 82:2,24 88:22 96:5 100:1 108:11 111:1,18 114:22 115:18	116:22 117:6 121:5 doctor's 11:6,6 24:23 doctors 24:24 27:7 40:1 55:9 document 6:10 82:5,8 117:17 117:20 documents 6:7 81:6 doing 10:23 21:23 52:23 57:25 84:21 107:5 108:24 don 3:2 5:6 doors 120:25 120:25 dose 62:12 doubts 104:12 dr 1:5,5,6 3:10 3:16 5:5 31:6,9 31:11,12,18,20 32:3,4,11,19 33:6,11,18,21 34:13,18,18,20 34:25 35:2,7 35:10,20,21,24 36:15,20 37:2 37:2,3,3,5,12 37:22 38:2 50:16,17,19 80:7 81:8 84:17 85:2,11 85:18,21 87:14	111:22 113:1 113:15,16 114:5,23,24,24 115:14 116:15 116:16,17,24 116:24 117:11 117:15,25 119:8 124:2 drawn 43:1 drug 58:20,21 59:25 60:3,6 60:14,25 61:1 61:10,13 63:1 65:6,15,21 66:8,19 68:22 100:4 drugs 58:11 65:16 100:8 due 68:11 109:1 duly 5:2 123:7 dx 93:22 e 3:1,1 4:1,7 33:6 103:3,3,4 123:1,1 earlier 75:20 84:22 106:15 107:8 119:8 early 81:13 118:24 easier 77:7 easy 51:21 eat 87:5	effect 57:18 62:16 97:3 99:7 102:8 107:15 110:7 effectively 30:21 effects 56:21 58:3,4,9 102:7 eight 108:17 eighty 6:24 either 15:5 17:8 20:23 39:13,13 53:10 56:5 58:18 70:16 71:7 86:9 elaborate 71:9 elective 53:15 eleven 82:13 elicit 65:16 100:7 eliminating 52:4 emergency 26:9 51:16 53:18,22 56:11 56:12 57:6 64:18,21 119:17,19 employed 35:12,15 employee 31:16 33:16 123:14 123:16 encounter 80:16
--	--	--	---

Veritext Legal Solutions

800-227-8440

973-410-4040

encountered 26:12 53:9,11 ended 12:22 endoscopic 25:10 44:8 47:16 114:13 endoscopies 10:17,23 42:2 47:19 48:14 72:22 74:17,17 76:11 77:19 78:2 85:22 87:15 97:4,9 98:23 99:1 107:4,20 113:2 114:6,10,20 endoscopy 10:21 19:21 24:13 25:5 26:14,19,22 29:2,6 43:14 47:24 48:21 74:20,22 76:15 76:24 79:7 107:5,24 108:2 108:12 109:3 109:25 115:4 engage 55:5 ensure 60:4 enterography 75:21 76:2,6 enterology 41:6 41:9,10,11,13 entitled 2:3	equipment 54:3 er 25:23 84:16 87:25 111:23 119:24 120:6 errata 122:5 124:1 especially 39:21 58:5 75:3 esq 3:2,7,13,19 establish 60:18 et 39:21 40:17 45:1 69:15 83:12 107:13 124:2 etiologies 67:21 etiology 43:23 69:24 evaluate 26:21 32:5 120:10 evaluated 79:11 82:20 evaluation 31:21 94:25 100:2 evidence 100:11 115:23 exact 17:18 exactly 36:25 45:24 83:11,20 exaggerated 100:12 exam 40:11 50:8 84:22	94:23 114:23 examination 5:4 40:15 42:22 44:9 63:19 91:2 114:13 115:4 123:6 examine 49:25 examining 85:2 example 20:9 24:11 25:5,23 26:13 29:2 41:2 45:3 48:22 50:15,19 57:19 60:7,13 61:11 62:11 69:1 72:22 76:23 77:24 except 122:4 exhausted 72:23 exhibit 79:18 81:8 82:3 85:16 88:20 93:13 96:6 100:3,19 107:3 111:7,13 117:5 117:7 119:8,10 exhibits 4:15 expect 87:8 expensive 74:7 74:11,12 experience 51:10 59:4,6 109:14	experiencing 104:13 experimental 73:1 expertise 33:22 expires 122:20 123:23 124:25 explaining 77:8 explains 27:9 exploratory 51:24 52:2 71:7 75:11 94:18 95:3,7 external 90:21 externally 90:18 extreme 53:12 100:12 f f 2:4 123:1,3 facility 10:25 fact 26:1,22 60:18 75:2 108:25 119:12 facts 112:21 fair 79:19 82:17 false 64:25 65:1 familiar 31:5,8 41:5,8,12 58:20 63:11 71:2 75:25 117:14 family 14:7 36:24 104:21
--	---	--	---

Veritext Legal Solutions

800-227-8440

973-410-4040

far 69:25 fares 1:6 34:25 35:2,7,10,20,21 35:24 36:6,8 36:15,20 37:2 37:3,5,12,22 38:2 84:17 85:2,11,18,21 87:14 111:22 113:1,15,16 114:5 115:14 116:17,24 119:8 fashion 55:16 106:19 fashioned 76:9 fast 108:15 father 35:25 36:22,23 fci 80:10 february 84:16 114:6 119:9 federal 17:11 fee 21:15,18,19 22:1,12,15,18 22:25 23:7,10 23:19,25 24:3 50:5 78:21 feeding 15:24 15:25 feel 19:11 36:19 37:19 91:20 92:19 93:3 feels 57:11 108:20	felt 24:6 92:25 fever 107:12 field 65:8 71:8 71:18 114:16 fields 20:17 fight 58:22 figure 22:10 67:9 120:18 121:5 file 38:24 81:18 84:13 86:8,11 112:16,17 117:21 filed 116:23 final 4:14 117:2 financially 123:17 find 38:18 44:2 44:20 findings 118:23 fine 95:23 finish 95:10 121:7,9 first 8:17 17:17 38:8,9 42:22 50:8 78:25 79:11,18 80:12 80:19 82:3,20 84:11,13 85:15 87:12 94:6 96:8 99:5 100:22 101:3,5 101:25 103:22 107:2,14 110:5 114:15 118:7	fistulas 77:15 77:25 five 19:7 20:1,1 23:12 42:10 54:12,14 81:6 86:21,22,23,24 87:9 88:8,13 95:21 115:18 115:19 fix 111:3 fixed 23:4 flat 21:13,15,18 21:19 22:1,12 22:15,18,25 23:6,10,19,25 24:3 50:5 78:21 flavor 73:22 floor 120:21,21 120:22 flow 118:21 fluid 118:11 focus 100:19 focusing 45:2 96:6 follow 24:22 25:6 27:1,2,11 29:13 31:22 38:7,9 48:14 49:23 73:10 97:25 98:19,22 99:8 118:24 119:4 followed 113:6	following 27:14 29:8,10 follows 5:3 food 83:1 foot 20:16 force 120:20,21 foregoing 122:3 123:9 forgot 55:25 form 40:10 71:19 83:4 87:20 99:3 105:2 108:8 109:16 113:18 former 5:7 formidoni 2:7 3:6 fort 18:19 20:8 20:11,12 21:23 23:15 32:23 33:4 38:24 39:4 78:15,16 80:10 forth 123:12 foster 1:6 3:16 33:11,12,18,19 found 45:20 51:24 four 6:24 14:2 95:16 100:23 108:19 109:10 fourth 112:23 francis 10:5,10 11:22,24 13:8 17:9,24 18:7
---	---	--	--

Veritext Legal Solutions

800-227-8440

973-410-4040

20:23 21:4,5 23:16 35:22,24 35:25 37:6,17 120:14,19 franklin 2:8 3:8 fraud 17:11 free 20:22 frequently 65:9 front 109:20 fuld 12:16 fulfilled 26:10 full 77:10 functioning 108:21 further 43:7 57:12 107:17 123:9,13 g g 1:5 gallbladder 43:25 gallstone 67:7 gallstones 43:25 44:2 51:5 74:9 gas 82:23 88:25 102:19 gastro 49:4 gastroenterol... 8:9 9:19 gastroenterol... 8:18 18:8 gastroesopha... 83:3	gathering 54:4 76:23 general 38:7 106:15 generally 19:13 36:19 68:6 114:8 generated 81:2 81:10,23 geographically 61:2 gerd 82:23,24 83:4 88:25 89:1 getting 19:11 21:25 43:8 56:14 72:19,23 95:25 gi 19:19 29:13 29:13,21,23 30:16 31:21 36:12 42:19,20 44:4 49:4 51:19 52:14,22 67:14 68:16 69:11 73:10 99:4,5 107:8 giordano 2:7 3:6 give 5:17,23 13:18,24 22:9 24:4,20 27:1 31:23 43:5 44:7 54:16 59:21 60:7	74:18 76:24 77:13,20 82:18 101:13 given 20:23 22:17,25 87:14 99:18 gives 45:16 46:1 77:9 giving 25:3 91:13 go 11:18 13:1 15:6 18:14,21 20:11,12,18 23:3,14,15 24:10,16 25:22 26:5 27:5 29:23 30:6 34:5 43:2 46:17 47:6 53:22 56:23 57:6,6 63:13 64:17,21 73:8 73:11 80:5 100:18 107:4 107:24 108:1,5 108:6 111:3 112:22,23 115:18 god 62:6 goes 43:6,6 56:23 57:15 going 7:25 13:1 20:8 42:10 43:3 88:6,20 95:9 118:18,19	gonna 6:4 7:2 16:21 24:12 26:18 36:5 59:7 66:11 81:5 82:16,16 82:17 102:24 112:19 117:11 good 5:5 17:7 37:21 57:23 65:3 73:23 76:25 77:20 78:2,6 121:4 governmental 9:10 grade 69:13 graduate 8:4 great 78:2,4 grounds 32:25 33:1 group 47:5 109:12 growth 45:5 guard 120:11 guess 10:10 23:17 39:3 45:22 58:15 91:23,24 102:9 106:17 guilty 15:11 gunshot 83:9 83:13,15 89:17 gut 101:16 113:5
---	---	---	---

Veritext Legal Solutions

800-227-8440

973-410-4040

h h 4:7 5:1,1,1 89:7 habit 46:3 halfway 37:13 37:16 hamilton 12:7 13:2,6 hand 81:9 92:25 handed 80:8 81:9 handle 56:13 hands 25:12 93:3 handwrite 88:15 handwriting 82:7,10,11 88:24 100:25 101:1 handwritten 4:10 79:23 80:8 hang 59:2 happen 6:4 25:24 happened 23:20 happens 6:5 49:7 116:10 hard 108:15 head 44:25 hear 5:19 6:21	heard 47:11 90:7 heart 40:16 heartburn 82:25 83:6 103:9,10,12 heavens 46:12 46:13,15,16 held 2:6 12:2 15:11 helene 12:16 help 43:10 54:1 62:6,6 63:21 64:20,21 95:22 helped 105:5 hemoglobin 67:12 hemolytic 67:14 hereinbefore 123:12 hernia 84:5 hesitancy 56:15 56:16 higher 11:12,13 11:19 22:2 history 38:13 42:23 63:4 83:13 89:7,9 92:6 94:14 99:18,20 104:8 113:22 hit 10:16 hmo 49:10	hold 9:1 10:3 holdup 73:16 home 14:2,3,11 15:23 61:3 hooked 55:1 hope 6:3 hospital 10:4,8 12:3,6 13:2 14:2,4,5 16:1 17:10 18:7 19:16 23:16 25:9 29:5,11 29:12,18 30:14 35:22 36:13 37:6 53:18 120:14 hospitalist 29:20 hospitals 12:14 12:25 hourly 22:5,7,8 23:22 hours 101:9 hub 18:3 19:5 20:12 28:15,24 33:1,13 35:9 36:23 37:15,21 38:22 39:8,19 42:3 44:11 45:18 46:8,21 48:19 50:25 51:25 55:2 58:2 59:17 62:22 72:14 92:2,20 93:6	93:23 99:13,25 101:4,7 102:18 106:5 111:20 111:25 112:17 113:8,24 118:1 63:24 hypothetical 24:11 25:3 43:17 i ibuprofen 62:2 idea 40:14 81:4 identification 79:25 111:10 117:4 identify 59:7 images 93:18 imaging 77:2 78:1 93:10 immediate 26:3 imodium 102:14,21 important 38:16 40:4,13 50:11 61:10 119:4 impression 118:9 inception 106:17 incident 31:1 incidents 26:8 inclined 54:5
--	---	---	---

Veritext Legal Solutions

800-227-8440

973-410-4040

include 41:1	ingested 73:20	inside 44:9	105:5,9,14
43:13	initial 34:9	76:16,21	invasive 110:17
included 50:4	100:2	116:11	investigated
inconsistent	inmate 13:22	institution	17:10 113:6
81:5	19:24 20:23,25	80:10	involve 13:22
increases 65:21	21:11,12,20	instruction	71:14
incurable 90:8	28:18 30:12	66:1	involved 15:20
independent	34:14 35:5	insurance	irritable
84:20 112:20	37:4,7,8 38:1,3	48:22,25 49:3	101:19
independently	39:4 49:24	74:14,15	issue 11:3 30:7
97:7 98:21	50:15,21 53:11	intensive 74:1	53:25 54:20,23
india 8:3	55:3 56:6	interaction	56:19 106:14
indicated 56:8	78:14 86:9	60:16	issues 29:21
81:23,24	119:25 120:8	interactions	items 100:23
indication	innates 17:15	58:10,11	j
115:24 118:13	17:21 18:5	interchange... 45:21	j 3:13
indigestion	19:8,12 25:22	interested	jaipal 8:2
103:9	28:17,17 35:8	123:17	jane 1:8
indirectly	35:9 38:10	interfere 6:20	jersey 1:1 2:6,9
102:10	48:15 58:19	internal 68:4	3:3,8,12,14 9:2
individual 46:3	97:15,25	internist 8:23	10:6 12:17
104:4	119:24 120:5	9:18 32:15,17	60:10 123:5,21
individually	120:10,15,17	33:4	john 1:8
21:20	innamorato 3:2	intertwine	johnson 12:6
infection 68:10	4:5 5:4,6 16:21	105:11	12:12 13:2
110:23,25	17:1 36:25	intervention	joint 35:21
inflammation	42:8,12,15	38:3	joints 68:14
69:8 90:5	79:21 80:1,3	intestinal	joking 62:1,1
116:12,13	80:25 81:4,20	101:22	josh 78:13
information	95:6,11,18,24	intestine 73:11	joshua 1:2 5:7
40:8 46:2 47:2	96:4 111:6,16	73:12 83:14	66:14 80:9
74:18 84:9	117:1 121:3,8	105:11,23	124:2
98:11 106:11	121:12	intestines 68:16	jr 3:7
informative	inpatient 29:12	101:12 102:12	judgment
74:7	36:13		33:22 62:8,9

973-410-4040

66:5,7	44:23 45:21	laughter 16:23	letters 16:20
jump 46:5,6	47:2,10,25	17:5	82:13
66:11	49:5 51:3	lawrenceville	level 104:16,17
jumps 64:24	56:20 57:2	2:8 3:8	levels 118:11
june 2:9 123:23	64:15,20 69:3	lawsuit 13:14	license 9:1
123:24	71:13 73:3,2	13:16,21 14:13	52:20 123:22
jury 15:13	74:2 76:19	14:23 16:5,6,8	licensed 8:21
k	79:16 80:13	16:11,12	52:24
keep 28:8 42:10	81:3 84:15	116:23	licenses 9:6
73:12 95:9	85:4 87:6,16	lawsuits 16:19	likely 61:12
kept 59:2 120:7	87:22 88:13,18	lawyer 7:3,6,8	limit 6:6 46:11
khoshnadi	88:18 90:2,6,7	7:10 17:4 87:2	46:16,18 59:14
117:12,15	91:25 92:16	layer 76:25	limitation 66:1
kidney 67:6	93:17 96:1,17	layman 44:13	limited 13:8
74:9	104:2,14 105:3	96:12	38:1 46:9
kind 21:3 25:1	106:2,16	layman's 44:13	96:17 106:19
42:18 47:4	110:17 112:19	lead 57:16	limits 24:5
59:4 63:24	114:20 116:16	learn 83:22	line 17:4 80:15
87:4 91:20,25	120:8 121:6	85:17,21	90:10 112:23
92:16 103:9	knowledge	113:14 114:4	115:19 124:5
104:5 113:5	20:20 21:6	learned 31:2	lines 110:13
knee 64:3	31:14 85:20	84:17 106:7	115:18,20
knew 33:17	known 10:3	learning 92:5	liquid 118:19
35:25	71:1	leave 58:23	listen 40:15,16
know 5:20,25	I	71:12	little 7:24 38:6
6:10,14 10:23	I 5:1,1 33:6	leaving 111:4	58:7 61:4
18:10 21:5	103:3,4	led 94:12 114:9	66:12 68:1,2
22:22 23:22	lab 39:21	left 27:6 81:9	73:25 74:2
26:16,19,25	labs 43:1,2,2	100:20	104:2
27:24 28:12	lady 33:8 60:9	leg 63:24	live 59:1 110:8
30:8 32:11,13	lang 2:7 3:6	legitimate 60:2	110:12
32:18 34:24	larger 109:12	63:2	lie 2:7 3:7
35:1 37:22,24	lately 49:14	lenox 2:6 3:6	124:1
41:2 42:20	laugh 61:25	lenoxlaw.com	lip 3:2,19
43:2,24 44:4,4		3:9	

973-410-4040

[located - meeting]		Page 15	
located 100:23	lungs 40:16	mark 79:21	meant 115:25
location 32:21	lydia 2:4 123:3	111:6,7 117:1	measure 63:8
long 9:13,20	lysis 71:2,3,7	marked 79:24	medical 8:1,2
10:9 11:21	71:14,17	82:2 111:9,19	8:24 10:5
13:5,7 28:10	m	117:3	12:16 13:9,15
35:19 36:2,3	m 103:3	marrow 67:13	16:4 33:9
42:25 98:10	m.d. 1:15 4:3	mass 92:15	38:20 39:5
108:14	5:1 122:10	masses 90:24	40:4,22 42:5
longer 108:22	123:7	92:12,14,22	49:19 60:17
110:8,12	made 26:9 38:2	matt 42:10 80:5	61:9 62:8 63:3
look 39:5 44:9	55:8 95:19	81:20	66:4 71:23
44:19,19 48:2	122:7	matter 2:3 75:2	75:16,17 80:9
54:3 60:24	magnetic 41:18	108:25 119:12	95:2
76:12,14,16	45:9	matthew 3:13	medically
92:8	mailoux 3:13	matthew.mail...	113:6
looking 43:15	42:6,11 80:6	3:15	medicare 17:11
44:24 61:14	80:23 81:1,21	maximum	medication
92:13 115:17	99:3 111:14	54:15	43:5 52:23,25
looks 61:18	majority 69:25	medonnell 2:4	55:21,22 90:8
101:2 109:21	make 6:9 25:12	123:3	96:22 99:6,7,9
117:23 119:13	39:7 40:24	md 80:16 124:3	107:15,24
losing 67:16	50:9 57:4,8	124:21	108:1
lost 84:1	67:13 79:18	mean 16:12	medications
lot 53:21	makes 30:24	18:23 22:5	6:20 43:9 53:3
louis 1:5 34:25	malignant 25:6	46:18 49:25	61:21 62:11
35:2 36:6,7	malpractice	55:10 62:40	101:3 107:14
low 67:11	5:14 13:16	92:25 104:5	107:16 109:11
lower 22:3 48:3	14:7,22,23	114:21 118:12	medicine 8:8
48:5 85:22	15:20 16:4,25	119:23	8:22 9:2,13
104:15,19,19	management	meaning 20:22	51:1 61:23
113:2	52:20,21 55:5	62:7 76:2	meds 59:10
lumen 76:15,16	63:21 65:8,14	92:22 96:24	meet 76:8,9,10
76:17	65:15	means 42:8	meeting 84:13
lung 60:11	march 81:22	57:2 76:1	85:17 87:4
		92:16 94:22	92:4 101:25

973-410-4040

[mention - non]		Page 16	
mention 92:11	66:24 78:13,20	47:9 48:13	106:13,17
mentioned	78:25 79:11	mr1s 41:17	nature 58:14
27:25 34:18	80:9,20 81:13	70:14 72:22	74:9 104:18
44:12 58:4	81:16,25 82:4	73:25 75:9	110:17
91:18 93:20	82:20 83:9,21	97:8 98:16	necessary
mesh 84:7	84:11,15,21	mucosa 77:3,4	48:22 101:9
met 103:22	85:2,5,10,13,15	77:9,13	108:2
119:8	85:18,23 86:3	mucosal 76:25	necessity 89:21
michael 3:7	87:12,24 89:3	multiple 15:3	need 6:8 107:22
mike 16:21	89:17 91:2,5	73:13 83:18	needed 26:3,27
miles 23:16	91:12,13 92:4	84:4 110:19	32:5 37:11,11
milligrams	93:9 94:7 95:2	118:8,11	needs 25:5 52:2
101:8	96:7,21 97:5,8	murder 87:10	113:2,6
minority 108:3	98:25 100:2,11	murderer 87:9	neither 123:13
108:7	101:24 103:5	n	123:15
minute 42:7,10	103:22 104:12	n 3:1 4:1 5:1	nerves 68:13
minutes 95:21	104:25 105:18	name 5:5 6:16	never 7:15 22:8
moment 5:15	106:9,22 107:2	8:24 19:22	23:20 26:16
85:1	109:19 110:6	33:9 66:14	52:17 55:7
money 49:2	111:23 113:17	117:13 124:2,3	56:15 63:14
month 18:13	114:1,10 115:5	named 31:8	76:6 79:5
19:12,15 23:6	115:14 117:10	narcotic 53:25	new 1:1 2:6,9
23:18 27:5	118:4 119:8	54:6 56:22,24	3:3,8,12,14 9:2
30:7 43:8	124:2	57:4,8 60:12	10:6 12:17
55:17,18	moses's 13:14	61:17,20 62:14	60:10 80:16
monthly 23:1,2	86:11	62:16 66:2	123:5,21 124:1
23:3 31:23	move 12:25	106:9	newark 3:14
months 18:14	74:17,18	narcotics 53:17	ng 119:18
108:22,22	movements	55:1,6 56:10	nice 116:21
114:1,15,15	69:18	56:15 57:18	nicoletta 1:6
morning 87:1,5	moving 93:21	58:1,4,9,11	3:16
mornings	mpattanica 3:9	59:18 60:4,21	nine 114:15
65:11	mri 45:10,11	62:23 65:9	noise 64:12
moses 1:2 5:7	45:12,20,23,25	66:25 103:19	non 29:15,15
7:22 66:14,18	45:25 46:4	104:16,20	61:20 62:21

973-410-4040

[non - okay]

Page 17

120:8 nonnarcotic 105:2 norm 114:16 normal 22:13 32:4 49:23 50:8 70:13 72:16 86:7 96:20 97:13 108:20 114:17 114:18 118:21 120:24 normally 22:3 99:17 112:9 notary 2:5 5:2 122:17 123:4 123:21 124:25 note 24:20 80:16 88:17 93:13 116:20 116:20 noted 93:12 122:5 notes 2:2 4:10 34:5 50:9 79:16,24 82:4 82:18 83:12 84:18 85:16 87:13 88:9,14 88:15 92:5 93:21 96:7 116:18 nothing's 45:20 november 79:6 97:5,9 98:22	110:3 114:9 115:7 nsaid 53:3 number 4:9 19:24 23:9,13 57:10 67:20 numbers 19:14 nurse 24:20 nurses 39:25 40:2,3 nursing 14:2,3 14:10 15:23 o o 5:1 89:7 103:3,4 object 99:3 109:16 objection 71:19 87:20 108:8 113:18 objective 61:13 63:3 104:8 obligation 27:18 obstruction 56:22,23 57:2 57:5,7,16 67:7 69:15 70:24 77:16 85:19 107:10 115:23 118:14,21,24 obstructions 68:19,21,23 77:24	obviously 53:6 63:4 120:6 occasions 66:22 office 2:6 3:12 13:8 25:18 27:3 29:16 37:11 47:13 53:15,23 54:1 60:10 oh 16:10 21:15 65:15 69:6 78:6 120:23 okay 5:12,15 5:18,21,22 6:13,16,23 7:6 7:12,14,24 8:13,20 9:1,6 9:25 10:7,22 11:11,16 12:11 12:18,22 13:3 13:13,18,21 14:6,12,17,19 15:8,12,14 16:15 17:20 18:1,15,25 19:6,20 20:6 20:13,20 21:18 21:22 22:11 23:5,9,21 25:6 25:11,17 27:9 28:5 29:17 30:20,24 31:5 32:2,11,24 34:20,25 35:24 36:14,19 37:13	38:6 39:3,20 40:3,10,21 41:17,20 42:1 43:12 44:1,10 46:9 48:3,12 49:9,18 50:4,7 50:14,21,24 51:12,18 52:13 52:19,22 53:19 54:8,15,18,24 55:3,25 56:5 56:14,18 57:17 57:21 58:8,25 59:16,22 61:20 61:24 62:5,10 62:25 63:7,15 64:5 65:23 66:11,21 68:9 69:17 71:1,13 71:17 72:15 73:1,6,15,25 74:5 75:8 76:4 76:5,8,23 77:5 77:9,23 78:8,8 79:3,15,20,21 80:3,7,22 81:17 82:2 83:2,17,21 84:1,11,19 85:8,15 86:1,5 88:3,7,17 89:12,16,20 90:4,10,23 91:4,8,10,17 92:3,21 93:5
--	---	--	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[okay - pardon]

Page 18

93:12,16,21 94:2,6,12,16,20 94:22 95:24 96:12,16 97:2 97:7,11,20 98:15,18,21 99:10,14,23 100:15,18 101:2,18 102:4 102:13 103:2,5 103:14,18,21 104:11,24 105:6 106:2,21 107:22 109:7 109:14,19,22 110:5,16,23 111:6,12,21 112:9,14,18,21 113:14,25 115:9,13,17 116:15,22 117:17,23 118:7,15,20,23 119:6,20 120:2 120:13 121:1,4 121:12 old 76:9,9 87:9 88:8 90:15,16 90:17 92:12 omeprazole 103:1,6 once 14:10 18:13,13 27:1 27:5 28:18 29:14 30:6	31:23 78:14,17 onwards 24:21 open 86:8,11 opening 81:18 110:20 operate 35:10 operations 84:5 opinion 57:14 opioid 53:13 102:7,8 opioids 53:4 opportunity 77:14 111:18 117:6 opposed 27:10 30:16 48:15 53:3 option 28:25 oral 38:13 99:20 orally 104:8 order 45:12 46:4 74:8,12 98:16 99:9 108:21 ordered 24:6 76:6 96:25 98:8,14 organ 116:11 organization 22:9 organs 68:14 originally 8:14 ortiz 1:7 3:16	outpatient 19:21 outside 35:11 49:18,19 76:14 76:17,21 overdose 58:15 own 9:19,21 11:6 20:19,19 24:24 27:14 35:18 52:20 60:6 73:6 98:6 112:20 120:19 owned 65:11 oxycodone 104:17 p p 3:1,1 33:6 103:3 p.m. 2:10 42:13 42:14 96:2,3 121:13 page 4:9 80:14 80:24 97:19 118:7 124:5 paid 21:9,9,18 21:20 22:2 23:6,8,19 pain 43:8 52:15 52:19,21,23,25 53:2,12,13,16 53:21,24 54:6 54:25 55:5,9 56:22 57:11 59:10 60:2,12 61:20 62:4,10	62:19,22 63:2 63:4,9,11,12,21 63:22,22,23 64:2,3,6,7 65:8 65:14,15 66:2 67:6,10 68:14 68:16 70:6 79:14 82:23 83:5 88:25 91:6,7 99:12 99:24,25 100:12 101:12 101:14 102:11 102:22 103:19 103:24 104:5 104:13 105:4 105:10,15,20 106:9,14 painful 51:2,5 51:8,14,19,20 52:14 56:8 64:9 69:17 67:11 116:6 painkiller 102:5,10,22 pains 108:23 palpable 90:24 92:12,13,15,22 93:4 papers 79:1 paragraph 118:7 pardon 7:7 20:10 31:7 35:6 41:7 72:6
---	--	---	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[parentheses - phone]

Page 19

parentheses 17:3 part 17:15 18:10,10 20:14 44:23 50:7 60:16 83:23 96:20 112:9 partial 68:15 69:14 105:14 105:23 118:24 partially 63:6 particular 18:17 27:14 31:2 32:12 38:2,24 40:19 54:9 76:1 80:11 112:15 particularly 119:24 parties 123:15 parts 44:16,25 76:13 passed 14:5 past 31:19 33:20 38:20 41:21 53:2 patel 33:6 34:18,20 50:19 patience 60:20 patient 5:8 14:1,25 15:23 22:4,13 23:14 23:18,23,25 24:1,8,12,25 25:2,4,19	26:14,20 27:1 27:3,15 29:8 29:10,15,23,23 30:4,11,12 31:19,20 32:5 34:14 36:10,16 37:4,11,11 38:8,14,18 39:4,10 40:4 40:11,22 42:19 43:17 44:8 47:14,21 50:9 50:15 51:3,16 56:2,5,6 57:11 58:6,12,22 59:8 61:2 63:3 63:11 65:16 66:13 70:5 72:2,12 73:8 74:13 76:7 77:15,23 98:5 98:8 99:1,5,19 107:8 108:12 109:2 113:4 114:12 119:16 112:17 119:23 patients 10:20 10:25 11:8 19:24 20:2 22:13 23:5,10 23:12 27:3,10 30:1 31:19 33:4,10,21 34:3,3,8 35:3	35:4,5,7 36:10 37:7,8,10 38:1 38:11,25 48:20 53:10,12 54:6 54:20 55:4,9 61:22 69:25 86:9 88:14 90:1 107:16 109:9 120:8 pattanite 3:7 7:15 17:7 36:24 71:19 86:21 87:20 95:16 103:3 108:8 109:16 113:18 pay 21:13 pelvis 45:1 people 47:5 54:25 62:3 82:25 89:13,23 percent 19:10 19:12 51:16 112:13 percentage 19:8 107:16,19 percocet 59:10 60:25 62:17 percocets 58:24 perforate 57:1 perforating 57:3 perforation 57:16 75:4 109:5 116:11	perforations 68:25 perform 24:13 26:19 29:2 30:13 40:10 41:23,25 46:18 48:8 97:4 114:10,20 performed 18:9 18:9 24:13 31:2 85:23 110:1 113:3 performing 77:25 period 12:9,19 19:6,7 120:7 peritonitis 68:11 69:5,6 116:13 persistent 114:11 115:1 person 16:16 16:18 43:4,7 47:6 49:7 56:21 57:5 60:23 63:22 64:2 67:11,15 68:10 69:8 74:24 87:8 107:9 108:20 personal 51:10 personality 61:1 phone 19:4 49:5 58:22
--	--	--	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[phone - prisoners]

Page 20

59:9,22 phrases 96:14 physiatrist 52:16 56:2,4 physiatrists 55:9 56:1 physical 40:11 40:15 63:19 91:2 94:22 32:18 physician 29:20 31:8,12 65:11 98:1 117:24 physicians 20:13,15 31:25 62:25 pick 45:21 pictures 44:5 73:13,13 pipe 83:1 place 9:14 64:8 65:9 123:12 placing 119:18 plain 45:6 plaintiff 1:3 3:5 5:6 16:8,9 66:14 plan 100:20,22 please 6:17 plus 35:23 point 24:21 45:22 56:9 59:12 66:15,17	71:5 84:24 85:3 86:10 89:6,13 94:25 99:17 100:1 114:4 115:22 116:22 points 73:17 polyp 15:1 possibility 25:25 57:2 58:16,17 87:19 possible 59:15 81:12 87:18 potential 25:13 48:13 67:20 89:21 practice 8:22 9:2,16,17,19,21 11:5,8,21 13:9 13:11 17:8,15 19:8 27:11 35:18 38:12,17 46:3 52:17 53:10,15 54:2 58:18,19 61:16 89:14 97:13 98:6 99:4 106:16 practiced 9:18 10:10 practicing 9:13 preauthorizat... 25:1 prep 7:18	preparation 7:1,4 112:4,5 prepared 111:22 117:11 preparing 114:5 prescribe 52:22 52:25 53:12 54:6 55:24 56:10,15,17,22 59:18 60:4,21 60:25 61:17,21 62:19,21 65:9 106:8,18 107:14 prescribed 55:21 59:9,11 101:24 105:1 109:11 prescription 54:13,16 103:17 104:19 presence 109:6 present 3:19 8:23 96:23 115:24 presenting 108:13 presently 65:10 presents 70:6 press 64:8 92:18,19 pressed 82:13 82:15	pretty 75:15 preventing 118:21 previous 70:9 primarily 69:20 72:11 primary 29:19 31:12,25 33:3 98:1 princeton 3:3 60:9,23 print 39:15,23 prior 59:7,8 60:15 68:6 69:4 70:1 72:12,15,23 89:12 94:15 97:9 99:21 113:21 123:5 prison 17:15 18:5,12,18,19 19:7 21:1,9 24:23 25:19 26:5,6,7 27:6 30:8 31:3,13 32:1 49:22 50:13 55:10 97:21 114:22 120:16 prisoner 29:15 29:15 49:25 50:22 prisoners 27:4 30:18,21 46:12 120:22
---	--	---	---

Veritext Legal Solutions

800-227-8440

973-410-4040

[prisons - recall]

Page 21

prisons 1:7	47:3,14,17	55:19 73:22	124:2
3:17 18:14,20	49:8 71:23	81:15	ray 42:21 43:15
21:4 22:1,16	75:16,17		43:16,20 45:4
24:4,4,18 25:7	108:24 109:25	q	45:6,6,20
25:15 26:10,14	procedures	qualified 48:8	119:21
26:24 27:13,22	18:8,9 19:22	qualities	rays 39:21 41:2
29:4 31:15	38:7,10 47:10	105:24	41:4 43:13
32:9 33:16	48:12 49:14,23	question 5:20	48:14 54:2
34:17 35:11,13	proceedings	5:25 22:19	70:13 72:21
35:16 47:20	2:3 121:13	33:25 34:1	75:9 120:1
49:21 55:5,22	process 49:20	39:3,12 51:3	read 90:11
78:22 96:19	72:17 73:6	57:22 71:25	110:9 111:12
112:11	progression	72:1,2 73:5	122:3
private 9:19,21	48:15	82:17 87:3	reading 85:24
17:8 27:10	pronounce	96:8	96:12 115:8
35:18 38:11	102:25	questions 6:21	ready 80:5
48:16,20 53:10	properties	42:5,17 75:23	really 22:11
56:6 58:19	103:19	82:16 88:4	47:22 51:24
98:5,8 99:1	provide 18:4,14	quickly 42:7	94:17,21 120:9
privilege 12:23	55:22	quite 10:14	reason 9:7
privileges 10:4	provided 17:14	quote 81:22	12:22 13:1
11:24 12:2,3	17:23 19:7	r	30:10 54:18
12:11,15	psychiatry	r 3:1 5:1,1	55:13 97:11
pro 20:21	20:16	103:3 123:1	124:5
probably 95:11	psychotropic	radiologist	reasons 60:5
109:2 121:4	58:13	41:24,25 44:22	recall 31:1,4
problem 42:12	public 2:5 5:2	radiology	36:15 66:13,17
44:7 59:13	122:17 123:4	117:10	66:24 78:17
60:2 111:3	123:21 124:25	ranwarial	79:12 82:21
problems 38:19	purports 80:8	124:3,21	83:7,8,21 84:3
111:1	purposes 53:7	rare 65:7 72:5	84:24 85:2,13
procedure	pursue 43:7	rate 22:2,3,5,7	86:11 87:7,8
10:17 25:2,10	57:12	22:8 23:22	87:10 91:12
25:20 31:2	put 16:20,21	ravi 1:5 3:16	92:3,5 96:16
37:12 45:19	29:22 44:21	31:6,9 80:16	96:24,25 97:8

Veritext Legal Solutions

800-227-8440

973-410-4040

[recall - removed]

Page 22

98:21,24 100:5	recommendat...	reedsmith.com	94:1 114:22
100:6,9,10,16	31:24 40:24	3:4	120:1
100:17 104:11	recommended	refer 31:20	rejected 26:23
115:5 120:4	25:22 26:13	32:5 37:12	26:24
receive 65:25	31:1 41:20	52:15 56:1	related 11:19
recent 43:2	72:3 85:22	81:3	42:17
59:6	96:22 114:6	referrals 33:5	relative 123:14
recently 85:3	recommending	55:8	123:16
recognize 82:5	46:10 66:2	referred 34:8	relief 62:22
recollect 36:18	96:17,18,19	55:12 109:24	55:12 109:24
47:22 53:14	97:8	114:13,25	relieve 57:10
72:4 83:11,20	record 6:17	referring 97:18	101:13 107:16
84:14,23 85:12	39:14 50:22	115:19 117:23	reliever 53:13
87:24 88:1,6	61:15 80:1,2,4	refers 34:8	relievers 54:6
89:19 95:4	80:9 84:12	reflected 85:15	66:2
114:7 115:16	89:6 111:14,15	87:13 92:5	relieving
recollection	111:17,21	100:3 107:3	103:19
78:13 79:17	112:10,15,15	reflects 112:18	religious 16:16
80:18 82:19	112:20 115:12	reflux 83:3	16:18
84:20 88:10	115:18 116:16	103:11,12	remember 7:20
91:5 106:12	122:6	refresh 79:17	12:18 14:12
112:21	records 7:17	80:18 82:19	23:24 26:8,11
recommend	38:21 39:5	88:9 91:4	28:10 30:4
24:12,19 26:6	40:4 50:1,2,9	regard 29:25	33:9 34:12
27:5 41:3 42:1	60:17 61:9	37:4 40:3 55:3	37:25 38:5
46:12,15,18	95:2	70:11 75:8	67:1 75:22
49:1 55:23	recross 4:4	99:10 118:4	78:24 79:3
108:12	redirect 4:4	regarding	84:6,7 86:13
recommendat...	reducer 102:22	34:13 80:9	86:23,25 93:11
11:7 24:7,19	103:8	82:4 99:21	104:1,3,5
25:12 26:9	reduces 102:10	111:23	115:7 116:3
27:2 31:23	reducing 52:3	regardless 5:16	remove 52:11
36:17 38:2	101:21 102:12	regular 27:2,4	52:12
46:11 87:14	reedsmith 3:2	27:4 31:22	removed 15:2
114:19	3:19	55:14,17 93:25	83:23

Veritext Legal Solutions

800-227-8440

973-410-4040

[repeat - right]

Page 23

repeat 16:17	resolve 57:7	10:2,13,14	59:25 60:5,15
46:14 107:25	99:9 109:10	11:21 13:5,13	61:7 62:24
replaced 15:24	resonance	13:24 14:9,22	64:1,10,19,22
report 4:14	41:18	15:16,19 16:7	65:2,15,19,23
39:23 61:15	respiratory	17:1,22,25	66:4,6,10,17
85:25 117:2,10	58:5	18:24 19:3,11	67:22 68:1,5,8
117:10	responsibility	19:18,23 20:5	68:17,18,20,21
reporter 2:5	24:22	21:2,17 22:15	69:6,22 70:8
16:17 46:14	rest 27:6 31:24	22:24,24 23:17	70:10,11,15,16
95:5 107:25	restrict 49:13	24:2,15 25:16	71:8,11,12,16
123:4	restricted	26:1,12 27:17	72:20,25 74:3
reporting	49:22	27:21 28:10,16	74:4,15 75:7
124:1	restriction 50:3	28:17,23 29:7	75:12,14 76:4
represent 5:6	result 15:10	29:25 30:5,23	76:18 77:1,12
request 26:15	68:25 83:19	31:5,18 32:7	77:17 78:12,12
29:1,3 39:11	84:2	33:2,7,12,12,12	78:16,17,19
42:7	resume 42:14	33:12,19 34:12	80:21 81:11,19
requested	96:3	34:18,19,19	81:19,19 82:1
55:21	reveal 43:16,20	35:4,10,17	82:15 83:7,16
requests 4:16	45:4,4 63:20	36:4,5,9 37:9	83:25 84:19
4:17 16:17	review 6:7,9	37:14,18,22,25	85:10,13 86:14
46:14 95:5	7:17 38:20	38:8,13,23	86:20 87:6,7
98:2 107:25	40:5 50:1,2	39:9,22,25	87:11,18,24
require 29:12	95:1 111:19	40:19,20 41:1	88:11,18 89:4
43:11 53:17	117:7	41:15,16,19	89:6,11,16,25
90:8	reviewed 80:16	42:4,16,24	90:19,20,22,25
required 15:2	reviewing	44:18 46:7,24	91:1,3 92:24
18:7 25:1	83:12 111:13	47:18,24 48:6	93:2 94:5,9,11
resection 83:13	117:5 119:10	48:11,17 49:12	96:5,11,15,15
83:24 89:10,21	revoked 9:7	49:12 50:1,6,7	97:5,6,12,17,23
90:3,9 92:6	12:12	50:11,17,20,20	98:20 100:1,10
98:12 104:9	right 5:24 6:1,2	50:23 51:6,25	100:18,21,23
resections	6:2,5,11,12,15	52:12 53:1,6,7	100:24 101:5,8
89:14	7:3,12,14,20	53:9 54:17	101:15,23,25
	8:4,10,17 9:20	55:25 57:17	102:1,5,9,13,15

Veritext Legal Solutions

800-227-8440

973-410-4040

[right - see]

Page 24

102:20 103:7	99:2,16,17	100:20 112:20	school 8:1
103:15,24,25	108:15	113:2 118:8	scope 44:9 48:2
104:7,10,15,19	ruled 116:17	scale 63:11,12	scopes 48:7
104:24 105:12	rules 5:17	91:13 104:17	score 65:23
106:2,6,20	ruling 73:7	scan 41:15	scream 64:10
107:1,2,18,21	running 107:12	44:12,15,15,21	screams 64:24
108:18 110:4	rupture 57:3	45:2,7,11,13,20	screen 65:6,16
110:10,20,22	ruptured 69:7	45:23,25 46:4	100:4
111:5,16 112:6	rushed 84:15	47:9 48:13	scrolling 44:22
112:25 113:23	s	70:25 73:9,13	second 80:14
114:2,3,8,14	s 3:1 4:7 124:5	76:14 81:24	secretary 47:2
115:11,17,21	sad 55:1	115:3,6,10	section 88:21
116:5,8 117:9	sample 100:4	seans 41:4	security 120:5
118:10,10,22	saranne 3:19	70:16 72:21	120:11,15,20
119:2,2,5,5,15	save 71:10	74:2 75:8,22	120:24
119:18 120:23	saw 14:10	76:2,11 77:18	see 11:1,1 24:1
121:3	21:19 23:5,18	93:10,17 97:8	27:3,4 29:1,2,5
rigidness 75:5	23:19,25 27:7	98:9	29:13,16,16,22
risk 11:12,13	39:10 66:22	scar 52:11,12	29:23 30:18
11:19 75:4	78:18,25 79:5	68:4 75:7	33:10 39:13
110:21	80:19,19 81:13	111:4	43:3,25 44:6
risky 109:4,8	81:24 84:11	sears 75:6	44:17,20,22
road 2:8 3:8	85:6 86:3,18	90:15,16,17,21	45:7,17 46:13
robert 12:6,12	87:12,25 91:6	92:12	47:5 49:6,11
13:2 17:9	93:8 103:21	scenario 26:13	50:21 53:14
84:16 111:23	106:22 107:2	30:11 48:21	55:14,15,16,20
room 51:17	114:1,16 115:6	schedule 20:19	57:13,22 60:17
53:18,22 56:11	115:14 119:7	24:8,16,25	63:9,25 64:3,4
56:12 57:6	saying 25:11	25:2 47:14	65:8 67:3
64:18 119:17	53:2 54:5	19:22 25:20	72:16 73:16
119:19 120:19	68:19 76:24	scheduler	74:8 76:20,21
routinely 61:22	77:7 85:1	25:19 27:7	76:22 77:3
rule 72:18	98:19 107:18	scheduling	80:15 81:10,15
74:23,24 75:9	says 63:22 81:2	25:18	82:12 83:7
75:13 96:19	90:23 91:7		85:3 87:11

Veritext Legal Solutions

800-227-8440

973-410-4040

[see - sood]

Page 25

88:13,21 90:11	56:14 102:10	shows 107:9	six 88:13 101:9
91:23 97:14,15	sensitive 64:23	shrug 6:1	108:16
97:24 98:3,4	sent 14:4 56:3	sic 9:24 10:11	sketch 13:25
99:6 100:20,22	109:24,24	108:7	skin 64:12,23
102:14 105:1	separate 48:7	sick 99:6	64:24 104:4
105:10 107:8	106:12	sickness 19:17	slice 44:16,20
107:15 109:20	series 44:4	side 24:8 53:11	44:22,23,23
111:24 112:13	73:10	56:21 58:3,4	sliced 44:16
112:24 113:7	serious 43:1	81:10	slightly 76:12
115:9 118:9,25	53:16 68:23	sign 28:2	slow 58:6
120:23	75:16,17	signature	small 54:11
seeing 19:13	service 30:14	123:20	62:12 83:23
29:9 30:4 34:3	services 18:16	signed 27:22	85:19 107:15
77:9,13 79:13	session 7:18	28:11	107:19 113:5
82:21 100:10	set 123:12	significance	118:12,16,24
seeker 60:3,14	seven 54:14	92:21	sms 8:2
61:11,13 66:19	severe 70:6	significant	socey 2:6 3:6
seekers 60:6	shared 33:4	83:22	soft 90:11
63:1 64:6 66:8	36:10	signs 107:9	92:12 116:21
seeking 58:20	sharing 10:19	similarly 67:11	116:21
58:21 59:25	10:19	sit 47:5	solution 51:21
60:25 61:1	sheet 122:5	sites 18:22	somebody
65:21 68:23	124:1	sitting 84:21	16:13 64:11
106:14	short 54:10	85:14	somewhat
seen 28:16,18	62:12 94:3	situation 25:13	77:19
30:1,12,22	96:9 98:7	26:11,23 29:13	sood 1:5 3:16
36:12 49:14,15	99:14,23 109:1	30:7 31:4	31:6,9,11,12,18
70:13 85:8	109:2,6	36:11,12,18	31:20 32:3,4
86:5 112:1,6	shorter 120:7	38:5 43:10	32:11,19 33:21
114:21 117:17	shorthand 2:5	47:23 48:24	34:13 37:2,3
sees 34:3 35:3,7	123:4	51:15 54:3	50:16,17 80:16
send 16:1 42:20	shoulders 6:1	55:2,19 56:13	114:23,24,24
44:8 120:16	show 39:14	57:4 65:7,12	116:24 117:24
sense 19:24	45:6,7,8 65:16	68:12 98:16	117:25 124:2
29:8 30:24	70:17,19 94:22	109:6	

Veritext Legal Solutions

800-227-8440

973-410-4040

[sophisticated - surgery]

Page 26

sophisticated	staff 32:24	stomach 43:4,5	92:14
46:1	39:17	43:8 44:6,9	suggested
sorry 10:1,13	stage 30:9	48:2,4 67:8,15	93:16
11:18 13:11	100:13	73:12 74:25	suggesting 95:2
16:10,11 18:17	stamped 4:10	75:1 76:15,16	100:11 116:17
22:20 42:6	4:12,14 79:24	76:20	suggests 113:1
78:6 115:18	111:9 117:2	stone 67:6 74:9	118:17
sort 19:11	start 17:17	stop 42:9	suite 3:3,13
92:17 104:16	108:10	stopped 10:16	29:6
sounds 116:7	starts 95:25	10:23 79:4	super 78:8
source 67:10	state 2:5 6:16	street 3:13	supervise 27:12
sparse 88:9	17:11 18:20	strength	support 17:4
spasm 101:12	123:4,21	103:17	suppose 65:23
101:13 102:12	stated 85:1	strike 93:7	supposed 11:7
105:4	statements	105:17	57:24
speaking 36:19	122:7	strong 62:17	sure 6:9 42:8
special 4:16,17	states 1:1,7	70:23	60:8 95:23
specialist 52:16	3:12,16 6:10	stronger 53:13	surgeon 35:2
specialties 8:8	9:4	strongly 31:1	35:22 36:20,22
20:16	stating 60:11	subjective 92:1	36:23 37:19,21
specialty 32:12	statistics	submitted 28:7	57:7 71:12
40:19	109:13	subscribe	113:15
specifically	stay 14:3 22:17	122:6	surgeons 71:3
53:22	110:7,12	subscribed	71:10 110:7,12
spend 65:11	steel 120:25	122:12 124:22	surgeries 52:6
sporadic 55:16	stenographic	subspecialty	52:8 68:7
55:16	2:2	52:13	83:18 84:2
squeeze 68:13	stenographic...	substance	110:19,25
st 10:5,10 11:22	123:11	102:2 103:15	surgery 15:2
11:24 13:8	step 26:4 115:3	sued 14:23	20:16 37:23
17:9,24 18:7	steps 60:3	16:13	51:24 52:2
20:23 21:4,5	steroidal 62:21	suffered 83:9	69:4 70:2,9
23:16 35:22,24	sticker 16:24	sufficient 62:8	71:7,17,17
35:25 37:6,17	17:2	suggest 49:6	72:3,12 75:11
120:14,19		73:17 74:20	75:15,17 94:14

Veritext Legal Solutions

800-227-8440

973-410-4040

[surgery - tests]

Page 27

94:15,18 95:3	69:13 98:10	takes 29:21	telling 83:9
95:7 98:12	99:5,8 107:8,9	30:8	91:12 116:4
99:21 110:17	107:17,24	talk 6:3,4 38:6	tells 61:4
113:22	108:1,5,7,13,19	49:5 68:2	temple 83:18
surgical 4:12	108:22 109:1	88:17	ten 14:17,18
36:11 37:10,11	109:23 114:12	talked 68:1	15:17 23:12,19
38:3 111:8	115:1	73:25 78:12	49:15 95:16
113:16 115:24	syndrome 94:4	88:25 94:3	101:8
115:24 116:3	96:9 98:7	104:4,18	tense 107:11
116:10,14,19	99:14,23	106:15 112:10	term 41:6,8
surprise 118:6	101:19 109:1,3	116:24 117:21	44:12 47:25
surprised	113:5	116:24 117:21	58:20 67:2
118:4	synonymous	28:17 43:17	75:20 76:1
suspect 94:19	103:13	47:16,25 52:14	terms 10:22
suspected 25:6	system 18:12	63:1 84:12	19:23 37:1
56:7,7 77:24	21:1,6,9 24:3	86:22 108:11	44:13 57:18
85:18 96:10,13	24:23 26:7	technology	59:25 66:1,8
98:7 99:15	27:6 30:8	73:3 75:22	69:24 70:4
105:7 113:25	31:13 32:1	teleconference	77:8 86:7
118:14,15	38:25 39:2	3:17	109:9,9
suspecting	44:24 46:25	telemed 18:21	test 47:6,8 49:1
94:20 106:3,5	55:10 81:15	telemedicine	92:1 107:17
suspects 75:3	t	18:23 19:3	testified 5:3,16
suspended 9:7	t 4:7 33:6 123:1	tell 7:2 14:14	testify 15:8
11:25 12:12	123:1	15:10 19:14	123:7
suspicion 57:5	tactile 92:17	22:11 23:13	testimony 1:13
70:23	take 6:8,14	28:1 45:24	123:10
swallow 44:5	26:4 38:13	53:21,22 56:12	testing 40:22
sworn 1:13 5:2	40:19 42:10	61:22 73:4,24	40:22 42:5,17
87:2 122:12	44:5 58:12	76:7 83:17	43:11 49:19,19
123:7 124:22	60:4 95:7,12	84:1,4 85:10	94:18 113:3
symptom 67:17	95:21 96:1	87:17 91:13	tests 24:5 41:23
symptoms	110:21 111:12	93:20 94:17	46:10 65:5,13
42:25 43:1,23	taken 2:4 6:19	110:6 112:12	70:13 72:17,18
44:3 63:24	31:25 123:11	109:6	75:11 78:1

Veritext Legal Solutions

800-227-8440

973-410-4040

[tests - trenton]

Page 28

96:19,25 98:13	thought 32:16	120:8 121:4,6	tramadol 62:11
99:9 108:21	three 12:25	123:11	62:12,19,20
119:23	14:2 20:1 43:5	times 5:16 7:12	104:18
text 111:11	101:3 108:16	29:10 73:14	transcript 2:2
112:22 116:17	thumbnail	tissue 52:11,12	4:15 122:3,6
thank 103:2	13:25	68:4	123:10
121:10	tied 25:12	today 5:18 6:20	transferred
thanks 42:11	30:14	6:25 13:15	14:1
thing 17:12	time 6:5,8,13	66:8 94:8	transmural
25:1 39:18	7:13 10:18	95:11,20 100:6	77:10
59:5 62:20	11:4 12:8,21	together 20:18	transverse 84:2
75:16 76:1	14:24 16:24	36:13 47:5	trauma 104:9
87:9 88:8	17:20 19:9	64:3	treat 30:21
92:16,18	21:23 23:14,24	told 7:3 9:12	101:18 102:19
100:22 101:22	28:15 29:7	30:3 31:21	103:9,11
103:9 105:8	34:12 36:2,3	60:20 65:7	treated 31:19
112:16 118:2	36:14 37:25	69:5 87:24	36:10 48:18
things 39:2	38:8 39:10	89:3 91:25	78:21 79:8
45:3 58:14	40:23,23 41:3	99:12 110:11	85:11 89:12,13
66:9 72:18	41:3 50:14,21	tolerate 53:21	89:17 109:10
74:9 75:9 89:2	54:10 57:15	60:12	120:3
89:22 96:19	58:21 62:13	tomographic	treating 25:22
104:18 110:18	65:12 79:8,10	44:14	36:16 38:8,10
think 12:10	81:14 83:8	top 103:22	39:4 66:13
23:11 24:25	85:14,15 86:2	104:17	78:13 79:4
27:9,20 39:1	86:10 87:3,11	topic 42:17	85:2,5
50:3 58:8,9	87:12 89:13	total 19:8 77:20	treatment 4:10
59:12 66:22	91:15 93:8	95:12	52:1 57:14
68:22 82:17	95:15,20 96:10	touch 64:12,12	61:11 66:18
87:23 88:19	97:9 106:3,7	64:23,24 104:4	71:1 79:16,23
90:23 95:9	106:21 108:14	107:12	82:4,18 102:17
97:2,3 99:13	111:12,24	track 68:17	trenton 10:6,7
99:18 114:11	112:3 114:14	tract 19:19	12:17 60:10,24
119:17 120:9	115:6,22	51:19 69:11	60:24
	116:22 119:7,7		

Veritext Legal Solutions

800-227-8440

973-410-4040

[trial - used]

Page 29

trial 15:6,8,13	twenty 10:13	48:19 50:25	united 1:1,7
tried 43:9	16:3	51:25 55:2	3:12,16
trigger 23:10	twice 29:9	58:2 59:17	university 12:6
trip 13:5,7	78:14,18	62:22 72:14	unquote 81:22
111:23	two 15:5,19	92:2,20 93:6	unusual 28:20
trouble 56:24	18:6,13 36:9	93:23 99:13,25	28:21 48:24
true 51:23 54:7	42:7 48:7 49:6	101:4,7 102:18	69:16,19 98:15
70:12 111:2	49:8 66:22	106:5 111:20	98:17
123:10	90:14 96:13	111:25 112:17	upper 44:4
truly 25:5	108:22	113:8,24 118:1	48:3,5 85:22
104:12	tylenol 53:3	ulcer 44:6 67:8	113:2
trust 33:21	61:23 62:2,7	74:25	upset 43:4,6
truth 123:8,8,8	62:19 104:21	ultrasound	urine 65:5,13
try 6:5 49:6	104:21,23	41:4,5 43:24	100:4
52:8 53:5	105:1,2	74:5,6,8	us000407 4:10
59:14 99:6	type 9:17 17:12	ultrasounds	79:24
102:24	18:4 20:22	70:19 74:12	us000408 4:11
trying 19:23	22:17 23:9	under 19:22	79:24
21:16 23:17	24:5 39:18	26:2 29:18	us000470 4:12
58:8 70:21	53:13 65:25	78:21 118:9	111:9
74:23 75:9	80:15 101:22	understand	us000471 4:13
87:6 95:19	106:9 112:14	5:19 6:10,21	111:9
120:18	112:16 117:20	22:19 25:4	us000478 4:14
tube 15:24,25	types 18:6 45:3	32:14 43:18	117:3
76:21,22 77:6	62:10 89:22	61:8 67:4	us000480 4:14
119:18	108:13	115:25	117:3
tubes 76:20	u	understanding	us407 81:23
tumor 25:6	u 5:1	31:14 33:14	us408 81:24
74:25 75:1	uh 18:3 19:5	understood	usdoj.gov 3:15
92:16 93:1	20:12 28:15,24	71:10	use 5:17 36:5
tumors 92:22	33:1,13 35:9	unfortunately	45:9 62:3,12
92:23	36:23 37:21	14:5 15:25	63:12 70:24,25
turn 80:13	38:22 39:8,19	51:21	74:12 106:13
turner 1:6 3:16	42:3 44:11	unit 2:8 3:8	used 10:17,24
33:18,19	45:18 46:8	120:15,15	47:1 49:13

Veritext Legal Solutions

800-227-8440

973-410-4040

[used - xanax]

Page 30

70:22 75:20	w	weeks 49:6,8	worked 22:8
101:18 102:19	w 5:1,1	85:4,7 86:2,4	32:19 33:15
103:8	wait 25:7,9	108:16,16,16	38:23
useless 91:21	47:12,12	108:17	working 8:23
92:1	waiting 119:17	weimer 3:19	34:2 35:19
using 72:21	want 5:16 6:8	went 15:25	65:10
usually 18:13	6:13 7:24	77:8 79:1	works 31:15
23:11,13 30:6	12:24 38:6	106:10 118:3	32:23 109:15
31:22 53:17	39:5 54:20	wife 87:10	worse 43:8
95:25 109:15	60:17 62:3	wikipedia 7:23	57:4,9
v	64:21 67:9	wish 14:14	wound 83:10
v 124:2	68:2 91:22,22	95:17	83:15 89:18
verbal 5:23	91:24 95:7,12	withdrawn	wounds 83:13
veritext 124:1	95:14,21 99:16	11:25	write 10:15
versus 38:11	100:19 110:11	witness 4:3	13:20 88:14,16
45:23	111:12	16:20,24 17:2	writes 116:20
view 76:25	wanted 25:17	81:7 82:1 95:9	writing 27:18
77:10,20	58:23 118:2	95:14,17,19,23	27:19
106:16	warn 7:2	103:4 111:13	written 84:10
visit 21:10,11	way 7:25 14:24	117:5 119:10	87:16 88:5
39:11 42:21	15:25 25:11	121:7,10	106:10
50:8,22 53:15	30:15 39:13	witnesses'	wrong 15:25
81:18 83:8	48:19 52:3	124:3	61:4
96:7 97:21	55:19 63:1	wood 12:6,12	wrote 93:15
110:5	72:2 104:14	13:2 17:9	x
visited 18:18	105:21 120:3,4	84:16 111:23	x 4:1,7 39:21
visiting 104:25	121:1	word 93:4	41:2,4 42:21
visits 22:4	ways 60:1	words 90:14	43:13,15,16,20
42:19	we've 47:25	work 6:1 20:21	45:4,6,6,20
visual 19:4,5	80:7 82:2 94:2	20:24,25 22:16	48:14 54:2
volume 1:12	94:8,16 111:19	27:12 32:20,21	70:13 72:21
vomiting 69:15	wednesday 2:9	32:22 34:16	75:9 119:21
70:7,8 113:21	week 20:2	65:24 109:15	120:1
vs 1:4	55:18,18 87:25	109:21 112:11	xanax 58:13

Veritext Legal Solutions

800-227-8440

973-410-4040

[y - z]

Page 31

y	yearly 23:1
y 5:1 103:3	years 14:13,17
yeah 6:2 8:16	14:18,21 15:17
10:16 11:13,15	15:18 16:3
13:7 14:20	35:23 49:15
22:6 23:23	86:15,16,21,22
32:17 33:17,17	86:23,24 113:4
35:9 36:3,4,8	yesterday
36:23,25 37:8	58:22 59:6
37:21 39:7,16	york 124:1
41:11,22 43:19	young 60:9,9
45:8 46:6,23	younger 36:6,7
48:5,10 50:18	yup 61:6
50:23 51:22,25	z
59:6 63:10,16	z 103:3
64:7,14 65:7	
68:5,8,15,24	
69:2 70:17	
71:8,22 72:8	
72:20 73:21,23	
74:10 75:2,7	
75:14,18 78:11	
82:13 88:13	
91:7,11,24	
92:19,23 93:15	
99:22,25 101:7	
102:18 105:21	
106:1,5 107:6	
107:7 109:18	
113:24 114:24	
116:1 118:1	
120:25	
year 9:15 13:10	
19:7 78:25	
87:9 88:8	

Veritext Legal Solutions

800-227-8440

973-410-4040

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness: Changes.

(1) Review: Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.

Page 122

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
CIVIL ACTION NO. 20-cv-1025

JOSHUA MOSES,

Plaintiff,

DEPOSITION OF:

-vs-

BHANWARLAL CHOWDHURY, M.D.

DR. RAVI SOOD, ET AL.,
Defendants.

VOLUME II

TRANSCRIPT of the stenographic notes of the proceedings in the above-entitled matter, as taken by and before MICHELLE GALLO, a Certified Court Reporter and Notary Public of the State of New Jersey, held at the Law Offices of the Lenox Law Firm, 136 Franklin Corner Road, Unit B2, Lawrenceville, New Jersey, on Thursday, July 27, 2023, commencing at 2:07 p.m.

Job No. NJ6027534

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 123

A P P E A R A N C E S :

REED SMITH, LLP
BY: DON A. INNAMORATO, ESQ.
599 Lexington Avenue
New York, New York 10022
(212) 521-5400
Representing Plaintiff

LENOX LAW FIRM
BY: MICHAEL A. PATTANITE, JR., ESQ.
136 Franklin Corner Road, Unit B2
Lawrenceville, New Jersey 08648
(609) 896-2000
Representing Dr. Chowdhury

UNITED STATES ATTORNEY'S OFFICE
DISTRICT OF NEW JERSEY
BY: MATTHEW MAILLOUX, ESQ. (Via Zoom)
970 Broad Street, Room 806
Newark, New Jersey 07102
(973) 645-2700
Representing Dr. Ravi Sood, Nicoletta Turner-Poster,
David Ortiz, United States of America and Bureau of Prisons

Page 124

I N D E X

WITNESS	DIRECT	CROSS	REDIRECT	RECROSS
BHANWARLAL CHOWDHURY, M.D.				
BY MR. INNAMORATO	125		--	
BY MR. MAILLOUX		183		--
BY MR. PATTANITE		193		--

E X H I B I T S

EXHIBIT NO.	DESCRIPTION	PAGE
Chowdhury-4	Surgical Consultation	135
Chowdhury-5	Contract	146
Chowdhury-6	Internal Records Request	148
Chowdhury-7	Bureau of Prisons Health Services Consultation Request	173
Chowdhury-8	Bureau of Prisons Health Services Consultation Request	174
Chowdhury-9	IMA LifeCare Physicians of Hamilton Clinic Notes	177
Chowdhury-10	Bureau of Prisons Health Services Consultation Request	179

(Exhibits attached.)

Veritext Legal Solutions

800-227-8440

973-410-4040

Veritext Legal Solutions

800-227-8440

973-410-4040

BRANWARLAI CHOWDHURY, M.D.,

having been duly sworn by the Notary Public, testified as follows:

DIRECT EXAMINATION

BY MR. INNAMORATO:

Q. Good afternoon, Doctor. Welcome back.

A. Thank you, sir.

Q. Same rules for today. If you don't hear or understand a question I ask you, I want you to stop me and I'll clarify. And I will try not to talk over you and ask you to do the same.

Since the last time that we met, have you reviewed any of your testimony from before, the last session?

A. Not really.

Q. Do you recall today anything that you want to change from your earlier testimony?

A. You mean the testimony we had here?

Q. Yes.

A. I did not get any copy of that testimony.

Q. Okay. But independent of the actual transcript itself, anything that you remember that you might have said, you know, is not accurate?

A. I did not get any transcript.

Q. Okay. All right.

Veritext Legal Solutions

800-227-8440

973-410-4040

THE WITNESS: Was I supposed to get it?

MR. PATTANITE: No. You were not. I didn't send you the transcript.

Q. Since we last met, have you reviewed any additional documents?

A. Not really.

Q. I had a couple of questions about one of the exhibits that we used the last time. And that's Exhibit 1, Chowdhury-1, and I'll give that to you. Those are your notes?

A. Right. This is my notes, yes.

Q. And I think you identified that that is your notes, consultation notes from the first meeting you had with the plaintiff in this case Joshua Moses?

A. That's right.

Q. Question for you, couple of questions, actually. At the time that you met with Mr. Moses, you described for me last time certain procedures that you follow with regard to new patients. Do you recall that testimony?

A. Yes.

Q. And one of those I think you described as an oral history from the patient; is that correct?

A. That's correct.

Q. And would the oral history at times include

Veritext Legal Solutions

800-227-8440

973-410-4040

asking about any hospitalizations that the patient had?

A. Yes.

Q. And would that include recent hospitalizations?

A. Yes.

Q. So that would be your normal procedure then?

A. Yes.

Q. Did you follow that with Mr. Moses?

A. Yes.

Q. Do you recall him telling you about any hospitalizations?

A. I don't recall it now.

Q. And this particular session with Mr. Moses, you had diagnosed him with suspected adhesions; is that right?

A. That's right.

Q. At any time during or after this meeting with Mr. Moses, did you ever consider recommending to the BOP a CT scan to rule out conditions?

A. How can I answer that question, because I do not remember. All I can say is what is written here. Even if you ask me a hundred questions, the answer will be same. Whatever is written here, I can answer that. Beyond this, I cannot remember anything, sir.

Veritext Legal Solutions

800-227-8440

973-410-4040

Q. If you were to make -- you made recommendations in the past to the BOP regarding inmate patients?

A. I do.

Q. And how would you make that request or that recommendation? Would it be in your notes?

A. In my notes, yes.

Q. And do you see there in your notes, Exhibit 1, whether or not you made a recommendation to have Mr. Moses undertake a CT scan?

A. I did. No recommendation for CT scan.

Q. Was there a reason why you didn't make a recommendation?

A. I don't recollect.

Q. How about ultrasound, would that be something that would be pertinent to what you saw in Mr. Moses?

A. As I said, I do not recollect. You are asking my opinion whether he should have an ultrasound or not ultrasound?

Q. Yes.

A. Looking at this information that I have, I don't think it was necessary to order an ultrasound.

Q. Okay. How about X-rays?

A. Not necessary.

Q. And why wouldn't it be necessary?

Veritext Legal Solutions

800-227-8440

973-410-4040

1 A. Because patient has history of bowel
2 obstruction in the past and history of multiple
3 surgeries leading to adhesions.

4 Q. Right.

5 A. And his symptoms have been chronic in nature.

6 Q. In fact, he also had chronic pain?

7 A. Right.

8 Q. Is that supportive of adhesions?

9 A. Yes.

10 Q. I think you described it as something like it
11 tightens around, the adhesions themselves tighten
12 around the organs and cause pain?

13 A. Right.

14 Q. Do you recall whether or not you considered
15 or recommended MRIs for Mr. Moses?

16 A. I don't recall, no.

17 Q. You could have, but didn't do it -- let me
18 rephrase that.

19 Would that be a test, given what he's
20 presented to you, would that be a test that could rule
21 out other conditions?

22 A. That could be done, but with the information
23 that I have on this paper, I think my suspicion was
24 adhesions causing his abdominal pain.

25 Q. Okay. Just a general medicine question for

1 you. With bowel resections, you've seen those in the
2 past in your practice?

3 A. I have.

4 Q. And I think you told us that a bowel
5 resection could be involved with colon cancer, for
6 example?

7 A. Right.

8 Q. And it could also be because of complications
9 from Crohn's disease?

10 A. Yes.

11 Q. And it also can be because C. diff, a
12 condition known as C. diff, colitis?

13 A. Rare, but, yes, it's possible.

14 Q. All right. Now, with regard to those
15 particular diseases or illnesses, if you have a bowel
16 resection, is that always 100 percent curative?

17 A. Not necessarily.

18 Q. And the colon cancer or the Crohn's disease
19 or the C. diff, colitis, could come back?

20 A. Yes.

21 Q. I think you said earlier in your testimony
22 that Mr. Moses himself had a history of bowel
23 resection?

24 A. Yes.

25 Q. You described the endoscopies. You know what

1 they do, they actually look at the lumen of the
2 abdomen internally, is an endoscopy?

3 A. That's right.

4 Q. These other tests, CT scans, MRIs,
5 ultrasounds, they look at it from the vantage point of
6 outside the lumen?

7 A. And they can look inside the lumen also
8 because we use the CAT scan with auto contrast which
9 outlines the inner lining of the stomach, colon.

10 Q. That would be with the barium?

11 A. Barium, yes.

12 Q. It still tastes bad?

13 A. It tastes bad; is that right? I never had
14 one. Thank God.

15 Q. With regard to Mr. Moses in that first
16 session that you had with him, you did not consider
17 ruling out other conditions because my understanding
18 of your testimony is you didn't rule out other
19 conditions because you were fairly certain that it was
20 the adhesions?

21 A. Well, that was the clinical suspicion.

22 Q. Okay. And as I think you said before, the
23 only way you could really know whether it's adhesions
24 is exploratory surgery?

25 A. That's right.

1 Q. Which is to be avoided if you could do it?

2 A. Right.

3 Q. Okay. If you had recommended CT scans, MRIs,
4 ultrasound, X-rays for Mr. Moses, would that be
5 reflected in writing?

6 A. I would have mentioned here to do a CT scan
7 of the abdomen, yes.

8 Q. You feel confident that you did not recommend
9 those tests?

10 A. Yeah. It's not recommended in this note, no.

11 Q. All right. One of the things that you told
12 me last time was one way to determine whether there's
13 a serious condition is to try medication first, and if
14 the medication is successful, you could rule out
15 certain conditions. If the medication is not
16 successful, then you might consider these other tests?

17 A. That is the way we practice medicine in
18 gastroenterology.

19 Q. Was there a possibility that Mr. Moses had
20 colon cancer? Can you tell that from your notes?

21 A. From these notes, I cannot tell if he had
22 colon cancer, no.

23 Q. Do you recall at any point after this visit
24 with Mr. Moses that he did, in fact, have colon
25 cancer?

Page 133

1 A. You mean --

2 Q. Have you learned at any point in time after
3 this visit that Mr. Moses might have had colon cancer?

4 A. After this visit, I did a colonoscopy on him
5 after a while in November, there was no colon cancer.

6 Q. Okay. One thing about endoscopies, and
7 correct me if I'm wrong, I'm just remembering your
8 testimony, the colon cancer can escape detection in
9 some cases even though you do an endoscopy?

10 A. Not really. If it is in the colon, it will
11 be visible through the scope, yes.

12 Q. There are other forms of cancer in the
13 abdominal area that would not be picked up by an
14 endoscopy, though; correct? That's why we have CT
15 scans?

16 A. Right. Cancer of the pancreas, cancer of the
17 liver, cancer of the small intestine will not be
18 detected by endoscopy.

19 Q. The case of Mr. Moses, based on the notes you
20 have there, Exhibit 1, you prescribe for him Bentyl?

21 A. Right.

22 Q. And also Imodium?

23 A. Yes.

24 Q. And I'm not going to try to --

25 A. Omeprazole.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 134

1 Q. Do you recall whether or not his symptoms
2 did, in fact, improve after the prescription of those
3 medications?

4 A. I did not see him after. I think until
5 endoscopy, in between I did not see him, no.

6 Q. Okay. Would you have had access to his
7 medical records, that digital file we've talked about
8 before?

9 A. No. I did not have any access to medical
10 records.

11 Q. Let me ask you something about your procedure
12 with the BOP. Do you have an account, sort of a
13 computer account with the BOP where you can access the
14 database?

15 A. I don't.

16 Q. Do you have any kind of hard copy file of the
17 patients?

18 A. No. I don't keep any records in my office,
19 no.

20 Q. If you needed records to prepare a formal
21 diagnosis for a patient or just their overall care,
22 would you have to request that from the BOP?

23 A. If there is a follow-up, yes.

24 Q. Do you recall ever doing that with Mr. Moses?

25 A. No. I don't remember any follow-up with him.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 135

1 Q. One of the things I think you told me the
2 last time, too, when we were looking at this
3 particular progress note that you have, is I think you
4 told me that diarrhea is not supportive of a diagnosis
5 of adhesions?

6 A. No, I didn't say that.

7 Q. Okay. All right. Can someone have diarrhea,
8 and is that --

9 A. And have adhesions, yes.

10 Q. Okay. So it's not necessarily a yes or no?
11 I mean, you could have adhesions and also see diarrhea
12 at that point?

13 A. Right.

14 Q. One moment, Doctor. I'm going to mark
15 another document. This would be Chowdhury-4.

16 (Surgical Consultation is received and
17 marked as Exhibit Chowdhury-4 for Identification.)

18 Q. Doctor, what we've handed you what purports
19 to be -- Doctor, what Exhibit 4 purports to be is a
20 surgical consultation. Port Dix is on the top. It's
21 dated 6/26/18. The patient is Joshua Moses, and it
22 appears to have been prepared by Dr. Louis Fares. Do
23 you see that?

24 A. Right.

25 MR. MAILLOUX: Do you have a Bates type?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 136

1 MR. INNAMORATO: Bates No. Is 359, Matt.

2 MR. MAILLOUX: Thank you.

3 Q. Dr. Fares, we've mentioned him earlier in
4 your testimony during this deposition. Was his first
5 name Louis?

6 A. Louis Fares, yes.

7 Q. This report purports to be a follow-up that
8 Dr. Fares had with Mr. Moses. Have you ever seen this
9 document before?

10 A. I don't recollect.

11 Q. Is it possible that you saw it?

12 A. I just can't recollect.

13 Q. There is a cover memo, and this is the first
14 page, this is 359. If you would turn to the second
15 page, this appears to be Bureau of Prisons Health
16 Services Consultation Request. Have you ever seen
17 this type of document, not necessarily this one, but
18 this type of document?

19 A. You mean from other patients?

20 Q. Other patients, but inmate patients for the
21 BOP, this kind of document.

22 A. There's a possibility that I might have seen.

23 Q. Do you recall ever seeing this particular
24 document? And I want you to make sure that you go
25 through the four pages of the document before you

Veritext Legal Solutions

800-227-8440

973-410-4040

1 answer, just to be sure.

2 A. I don't recollect.

3 Q. I want you to, if you could, focus on the
4 second full paragraph on page 2. This is 360 where it
5 says, "He was sent to ER."

6 A. Right. "He was sent to ER."

7 Q. When you first saw Mr. Moses, were you aware
8 that he had been hospitalized in the ER at Robert Wood
9 Johnson Hospital?

10 A. I cannot recollect.

11 Q. If we could skip down two paragraphs, and I'm
12 still on 360, and I'm looking at the paragraph
13 beginning with, "In the interim." Do you see that?

14 A. Yes.

15 Q. Can you read that paragraph to yourself?

16 A. "In the interim: He was seen by the GI
17 consultant on 4/24/2018. Post surgery adhesions,
18 short bowel syndrome, Omeprazole, Bentyl and Imodium
19 PRN. Diet as tolerated. He did not recommend upper
20 GI endoscopy or colonoscopy. He continues to have
21 intermittent abdominal pain. Overall pattern of
22 abdomen pain has been same with no new symptoms. He
23 tolerates meals, though he has nausea. No distention
24 of abdomen or vomiting."

25 Q. Independent of this particular document, does

1 that describe accurately your visit with Mr. Moses in
2 April of 2018?

3 A. It describes what?

4 Q. It does not identify you as the GI
5 consultant, but what you've just read in that
6 paragraph, is that consistent with what --

7 A. I would, yes, it is.

8 Q. That's what I wanted to get at. There
9 appears to be handwriting on this. Do you see that?

10 A. Right.

11 Q. Do you know whose handwriting that is?

12 A. I do not, no.

13 Q. It's not yours?

14 A. Not mine.

15 Q. Okay. This particular report appears to be
16 by Ravi Sood. We've discussed Dr. Sood before. Did
17 you know him to be with the BOP?

18 A. Dr. Sood was a doctor with BOP, yes.

19 Q. Okay. In the same paragraph that you've
20 read, it says he did not recommend UGI, endoscopy or
21 colonoscopy. That's consistent with what you viewed
22 or how you interacted with Mr. Moses, you did not
23 recommend those?

24 A. Yes. It is not written in my consult, no.

25 Q. Okay. Generally speaking, not pinning it

1 down to any particular document, but if it's not in
2 your progress notes, the recommendation wasn't made?

3 A. If it was not in the progress note, what
4 conversation happened or what was done, I do not
5 recollect at this moment.

6 Q. Do you recall this document being in the
7 digital file for the BOP?

8 A. This one?

9 Q. Yes.

10 A. No. I do not have access to any digital
11 files, no.

12 Q. Did that ever become a problem that you
13 didn't have access to the -- in terms of your
14 treatment of patients, was that ever a difficulty that
15 you had to -- challenge that you had to deal with?

16 A. Well, there are physicians at the prison
17 system, and they communicate with us from time to
18 time; verbally sometimes, sometimes in writing.

19 Q. Would it be E-mail, perhaps?

20 A. Pardon me?

21 Q. E-mail.

22 A. No E-mail. I don't get any E-mail from the
23 prison system, no.

24 Q. Is that because you don't like E-mail
25 generally or --

1 A. Well, that's not the way they communicate, I
2 guess. They have their own privacy system and their
3 own recordkeeping system.

4 Q. It's all HIPAA-related, I guess; right?

5 A. I guess so. I do have an E-mail address
6 where I get E-mail. But I never got any E-mail from
7 the prison doctors, no.

8 Q. How would you communicate with them then?

9 A. Usually, telephone.

10 Q. Telephone?

11 A. Yeah.

12 Q. Do you remember any phone calls that you had
13 with Dr. Sood or Dr. Pares regarding Mr. Moses?

14 A. I don't recollect, no.

15 MR. PATTANITE: Mr. Innamorato, while
16 we're still on the document, would you mind going over
17 what appears to be a fax number at the top, just to
18 try and get an understanding of how this was generated
19 and the relationship with NaphCare.

20 Q. Dr. Chowdhury, have you ever heard the term
21 NaphCare?

22 A. NaphCare, yes.

23 Q. And who is NaphCare?

24 A. I think it's just the company that takes care
25 of prison system -- I think it's the management

Page 141

1 company who takes care of the federal prisoners.

2 Q. Is this a healthcare company?

3 A. Healthcare company, yes.

4 Q. Is this then an intermediary between you and
5 the Bureau of Prisons?

6 A. Yes.

7 Q. Okay. So you're not directly communicating
8 with the BOP, but it comes through NaphCare?

9 A. Right.

10 Q. This might be a good time to --

11 A. I want to tell you a little story.

12 Q. Sure.

13 A. You have heard of Rama, the Hindu epic poetry
14 Lord Rama story?

15 Q. Right.

16 A. In Rama, Lord Rama goes for 12 years of
17 living in the jungles, and in the end he conquers
18 Shree Ram, Lanka, and kills Ravana, the evil king of
19 Lanka. And they're about 1,300 or 1,500 pages written
20 in the poetic form about this epic story. So the
21 other guy who was very simple like me, he said he
22 stole his wife, he killed him and brought his wife
23 back. There was only two sentences. And the author,
24 the person who wrote the poetry has written 1,350 on
25 this simple story.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 142

1 So in this simple story, we are creating a
2 Ramayana that in the morning Mr. Moses -- how did he
3 wash his face, how did he pee, how did he move his
4 bowels. We cannot recollect the total story based on
5 a single five-minute or 25-minute interview with the
6 patient.

7 Q. Okay.

8 A. All these questions, when I say I do not
9 recollect, I really do not recollect. Because if I
10 asked you what breakfast did you eat that morning, do
11 you recollect? After you eating your breakfast, you
12 recollect; you don't.

13 Q. Understood.

14 A. So asking me do you recollect what you told
15 him, do I recollect did I get a phone call from him or
16 from Dr. Sood? How do you expect a physician or
17 forget about a physician, a dumb ignorant person to
18 remember a phone conversation between one person to
19 the other after 25 years or 30 years or five years, I
20 don't know how many years, 2018.

21 Q. And you understand that you're under oath, so
22 you're being honest. You don't remember; right?

23 A. So the thing is, if you ask me 100 percent, I
24 am going to tell you 100 times the same answer, which
25 does not get us anywhere other than what is written

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 143

1 here and what is written here.

2 Q. Right.

3 A. Beyond this, I have no recollection.

4 Q. Okay. So it's possible then that Mr. Moses
5 may have said something to you or you might have said
6 something to him, but you just don't recall it?

7 A. Right. Do you expect me to recall it?

8 Q. I don't know. I'm asking.

9 A. You are a lawyer, but you are a human being,
10 too.

11 Q. I forget things all the time. Probably my
12 next question I'm going to get.

13 A. Don't blame me if I forget or if I don't
14 recollect.

15 Q. You're being honest, Doctor. And that's all
16 I can ask from you. It's probably a good time, since
17 we've mentioned NaphCare --

18 MR. MAILLOUX: Could I ask a quick
19 question?

20 MR. INNAMORATO: Go ahead.

21 MR. MAILLOUX: Doctor, this is Matt
22 Mailloux of the U.S. Attorney's Office on behalf of
23 the federal defendants.

24 THE WITNESS: Yes, sir.

25 MR. MAILLOUX: With respect to the second

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 144

1 page of the document you've been shown, there's phone
2 number at the top that appears to be (205) 731-1205.
3 Do you recognize that phone number? It's right below
4 where it says admin documents, looks like a fax
5 setting.

6 THE WITNESS: Yeah. I see the number,
7 yes, sir.

8 MR. MAILLOUX: Do you recognize that
9 number?

10 THE WITNESS: No, I don't.

11 MR. MAILLOUX: Is that your office's fax
12 number?

13 THE WITNESS: No, it's not.

14 MR. MAILLOUX: Is it a number from which
15 you've received faxes before?

16 THE WITNESS: No.

17 MR. MAILLOUX: Thank you.

18 CONTINUED DIRECT EXAMINATION

19 BY MR. INNAMORATO:

20 Q. Doctor, with regard to this NaphCare, is
21 there any particular individual that you interacted
22 with in that company?

23 A. I never called them, no.

24 Q. But they are an intermediary between you and
25 the Bureau of Prisons?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 145

1 A. That's right, yes.

2 Q. Did you ever receive any type of
3 communications from NaphCare?

4 A. Only thing I could recollect is that when I
5 see the prisoners, the prison system, we bill for the
6 services to send -- my billing company send them to
7 NaphCare to be paid for the procedures that I do.

8 Q. Do you get a check from NaphCare itself?

9 A. I do not recollect.

10 Q. In terms of you said billing department, is
11 this at St. Francis Hospital at the time or was it
12 your own?

13 A. No. I had my own private practice.

14 Q. Do you remember the name of the person that
15 does your billing or did your billing, because you're
16 not in practice now?

17 A. I don't offhand recollect that, but there is
18 a billing company that I sent my papers to them and
19 they billed it.

20 Q. It's not someone that's located in your
21 office, but rather --

22 A. In my office, no. Remote.

23 Q. Outside accounting or something like that?

24 A. Right. Actually, their office is in India.

25 Q. Since we're mentioning NaphCare, earlier we

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 146

1 talked about the contract or contracts that you signed
2 with the Bureau of Prisons. You think the last one
3 was probably signed in 2015. Do you recall that
4 testimony?

5 A. I filled up the papers, yes. But I do not
6 know whether I wrote any written contract from them or
7 not. I don't recollect what I got.

8 Q. Do you remember signing anything like that, a
9 contract?

10 A. I filled an application, yes.

11 MR. INNAMORATO: Let's make this
12 Chowdhury-5.

13 (Contract is received and marked
14 Chowdhury-5 for Identification.)

15 Q. There's a number of pages to this document.
16 Doctor, take all the time that you need, but I may
17 have some questions for you. Just general questions.

18 A. Is there any place where you see my
19 handwriting or my signature on this?

20 Q. I could not identify it.

21 A. Pardon me?

22 Q. I couldn't see it myself. I normally look at
23 a contract at the back, but this is a form contract it
24 seems.

25 A. If I don't have any of my signatures or

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 147

1 filled in my handwriting, I won't be able to answer
2 any questions about it. So you can take my answer no
3 for all of them.

4 Q. All of the questions on this. I have one
5 that you might be able to answer. Do you recall the
6 contract, the last contract that you signed with the
7 BOP, was that a contract where you would actually sign
8 it? Do you remember signing the contract?

9 A. If you show it to me, I will say yes.

10 Q. Do you recall the contract that you may have
11 signed looking like this sort of form contract like
12 this?

13 A. Yeah. I remember filling an application, but
14 I don't know whether that was the contract or the
15 application. But I did fill the application.

16 Q. Do you remember whether the application was
17 with this NaphCare, the intermediary or the Bureau of
18 Prisons?

19 A. I think it was about Bureau of Prison.

20 Q. Directly?

21 A. Directly, yes. Is my name anywhere on this
22 paper?

23 Q. I couldn't find it, but there's some what's
24 called redactions, the deletion out, if you look
25 through there, they'll be some for privacy reasons, I

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 148

1 assume.

2 A. I don't even know what this document is
3 about.

4 Q. And the last one you signed, if at all, was
5 2015, I think you said.

6 A. I don't recollect the exact month, no. I
7 remember filling an application before I started work
8 seeing patients there.

9 Q. I think earlier you said that between the
10 first time that you saw Mr. Moses and in April 2018
11 and the time that you actually performed the
12 endoscopies in, I think it was, November of 2018, I'll
13 show you your report, that you had really no
14 involvement with Mr. Moses during that period?

15 A. No.

16 Q. Do you know if Dr. Fares continued to treat
17 Mr. Moses?

18 A. I do not know.

19 Q. How about Dr. Sood?

20 A. I do not know that either.

21 Q. All right.

22 MR. INNAMORATO: Mark this one 6.

23 (Internal Records Request is received and
24 marked as Exhibit Chow-6 for Identification.)

25 Q. Doctor, what we're marking as Exhibit 6

Veritext Legal Solutions

800-227-8440

973-410-4040

1 appears to be, at least the first page says internal
2 records request. I think this has to do with the
3 litigation itself, but it says in the note section on
4 the first page, "A complete copy of the outpatient
5 endoscopy records on file for Joshua Moses requested
6 by Trinity Health and an attorney representing SFMC in
7 legal matter." Do you see that?

8 MR. MAILLOUX: What's the Bates No.?

9 MR. INNAMORATO: Bates No. is 00005
10 through 36.

11 MR. PATTANITE: It's pre-marked Chowdhury.

12 Q. You could take your time to go through it.
13 Have you had an opportunity to review the document?

14 A. I did.

15 Q. Dr. Chowdhury, on the second page, that's
16 Bates 00006, we look at the -- apparently, it's
17 attending physician on the upper left-hand corner. Do
18 you see that?

19 A. Right.

20 Q. And is that you listed as the attending
21 physician?

22 A. Yes, sir.

23 Q. And that's for purposes of the endoscopies
24 you recall performing on Mr. Moses?

25 A. Right.

1 Q. Prior to or between the time of this document
2 which is dated 11/30/18 and your earlier first visit
3 with Mr. Moses in April of 2018, did you have any
4 contact with Mr. Moses whatsoever?

5 A. No.

6 Q. Did you have any consultations with any of
7 the doctors regarding Mr. Moses' healthcare?

8 A. If there was a phone conversation, I do not
9 recollect.

10 Q. And do you know why you were selected to
11 perform these endoscopies on Mr. Moses?

12 A. I guess a gastroenterologist with prison
13 system at that time.

14 Q. Do you recall whether or not you would be
15 contacted directly by, let's say, Dr. Sood or would it
16 be through this intermediary company?

17 A. Usually, it was the Dr. Sood or the director.
18 They would contact me on phone sometimes about
19 patients or about the procedures.

20 Q. This is while you were at St. Francis?

21 A. While I was at St. Francis, yes, sir.

22 Q. Did you have the capability of performing
23 endoscopies at Fort Dix itself, at the clinic?

24 A. No.

25 Q. And did you perform an upper and lower

1 endoscopy on Mr. Moses around this time, November
2 2018?

3 A. Yes.

4 Q. Do you know why you were performing them?

5 A. Why I performed the endoscopy?

6 Q. Yes. Why were you doing it? What were you
7 trying to rule out at that point or determine?

8 A. To rule out any gastric pathology or colon
9 pathology.

10 Q. Did you recall Mr. Moses at the time?

11 A. If I see him now in front of me?

12 Q. Yes.

13 A. I won't recall him, no.

14 Q. Did you in preparation for the endoscopies
15 themselves, Doctor, did you go through your notes that
16 we marked as Exhibit 1?

17 A. You mean my consultation note?

18 Q. Yes.

19 A. No, I did not.

20 Q. Okay. Was there a reason why?

21 A. Well, the prison papers are scheduled from
22 the prison to my office. My office secretary
23 communicates with the scheduler in the prison. And
24 then depending upon availability in the hospital, if
25 there's an opening, and a patient needs or patient

1 needs to be scheduled for endoscopy, then the
2 scheduling is done.

3 Q. Okay. But were you given a reason why
4 Mr. Moses was having these endoscopies?

5 A. I don't recollect at present now.

6 Q. Can you turn to page 12 of this document.

7 Take a look at that. There's some
8 handwriting on that. Is that your handwriting?

9 A. It is my handwriting, yes, sir.

10 Q. Why don't you take a look through that just
11 so that you're prepared to answer my questions. You
12 don't have to memorize it.

13 A. I could look at it.

14 Q. And forget it in a second?

15 A. And forget it in a second. My handwriting,
16 easy to read one's own handwriting.

17 Q. Have you had an opportunity to review it?

18 A. I did, yeah. It's in front of me so I could
19 look at it.

20 Q. What I should probably do is if you could
21 turn to page 10, I just have a question for you about
22 that. And it's titled St. Francis Medical Center at
23 the top, and it says post anesthesia care unit
24 admissions orders. Can you recognize the signature at
25 the very bottom where it says physician signatures?

1 A. No, I can't.

2 Q. Could that be you?

3 A. It's not me. I know my signature, sir.

4 Q. At the very -- at the left upper section, it
5 says IV. Do you see that?

6 A. IV, yes.

7 Q. Was that -- does that discuss or represent
8 what medications Mr. Moses was given during the
9 endoscopy, based on your experience with this?

10 A. Well, this is by anesthesia. So what
11 anesthesia does, they don't tell me what they do.

12 Q. Just out of curiosity, sodium chloride 100
13 milligrams?

14 A. This is normal saline, they give it
15 intravenous.

16 Q. It's not a sedative in any fashion?

17 A. No.

18 Q. So we're now on page 12, and I want to look
19 at chief complaint. Do you see that on the top there,
20 upper left-hand corner? This is your handwriting.

21 A. Right.

22 Q. Can you read that to me just so that I know
23 what you meant?

24 A. It says, screening colonoscopy. Pain,
25 epigastrium. Gastroesophageal reflux disease. That's

1 GERD.

2 Q. And that's what you defined for us earlier,
3 GERD is esophageal --

4 A. Yeah. Inflammation, yes.

5 Q. And at the time that you saw Mr. Moses here
6 in November 2018, there was pain?

7 A. There was pain in epigastrium, yes.

8 Q. Do you meet with the patients normally for
9 the colonoscopy or they're just on the table when you
10 come out and they're already sedated?

11 A. We usually meet the patient, yeah.

12 Q. Do you recall independently of this meeting
13 with Mr. Moses? Let me ask you this --

14 A. It doesn't say my handwriting. It says
15 Mr. Moses, but there's a stamp there, his name is
16 there on top, so it has to be his record.

17 Q. Right. I guess what I'm asking is was he
18 giving you the chief complaint orally and that you're
19 writing this down?

20 A. Right.

21 Q. Okay. All right. And below that is history
22 of present illness. It says for colon cancer
23 screening?

24 A. Right.

25 Q. I know that I've had endoscopies, but just as

1 a normal screening every ten years or whatever it may
2 be. Was this in your mind or can you tell from this
3 whether it was just a normal screening or was it in
4 response to some symptomatology that he had?

5 A. Well, it is written here normal screening.

6 Q. Okay. So this wasn't connected to the
7 conditions that you saw on him, the adhesions, earlier
8 in the year?

9 A. It doesn't mention here, no.

10 Q. Can you turn to page 19 now. That's 00019.

11 MR. PATTANITE: Can you identify the top
12 of the page?

13 MR. MAILLOUX: Can you identify what's at
14 the top of the page?

15 MR. INNAMORATO: Top of the page, I see
16 SMFC Moses, Joshua. ENC #401800705694. It says
17 eSurgical pathology report. Do you have that, Matt?

18 MR. MAILLOUX: Yes. Just so we're clear,
19 before we go to this, there are a number of pages that
20 have signatures before, you know, the last page that
21 we went to. But does the doctor say that none of
22 those signatures are his? Because they do appear to
23 say B, and the doctor's last name.

24 MR. PATTANITE: I don't know if he was
25 asked if any of the other signatures were his.

1 MR. INNAMORATO: Matt, you're talking
2 about other pages of the same document?

3 MR. MAILLOUX: Correct. Like, for
4 example, the St. Francis Medical Center, Trenton, New
5 Jersey, the short stay history and physical which is
6 like eight pages in, and then there are what appear to
7 be a B and a C signature at the bottom of the pages on
8 the colonoscopy orders.

9 MR. PATTANITE: If you go to the bottom of
10 page, Doc, correct me if I'm wrong, bottom of page 8
11 right above his team, B. Chowdhury. That's his
12 signature the B with the C.

13 THE WITNESS: That's correct.

14 MR. PATTANITE: It's pretty distinct.

15 Q. The doctor is identifying 00008, and there is
16 a symbol signature. And that's your own signature,
17 Doctor?

18 A. Yeah. This is mine, yes, sir.

19 Q. All right.

20 MR. MAILLOUX: Thank you. We'll append
21 the exhibits on the deposition transcripts?

22 MR. INNAMORATO: Yes.

23 MR. MAILLOUX: Great. Thanks.

24 Q. Dr. Chowdhury, do you know if we're looking
25 at page 8 and that's your signature there, do you know

Page 157

1 who the first signature -- is there someone there that
2 would be in the room with you?

3 A. I do not know. Nurse's signature, yeah.

4 Q. I can't tell, but is it Cesar?

5 A. No.

6 Q. Do you know who it is at all?

7 A. I do not.

8 Q. It could be a staff nurse, for example, or
9 something like that?

10 A. It has to be a nurse who signed him off, yes.

11 Q. That's the practice that you have two medical
12 professionals sign documents like this?

13 A. Yes. There is the recording nurse after the
14 procedure. When the person is recovered and he is
15 discharged and the person signs the discharge papers
16 along with me.

17 Q. All right.

18 MR. INNAMORATO: Matt, are there any other
19 signatures that you see that we didn't cover?

20 MR. MAILLOUX: No. It was just about two
21 or three pages behind where the Cesar nurse signature
22 is on the bottom of the short stay history and
23 physical.

24 MR. INNAMORATO: Short stay history and
25 physical, right, that's 12.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 158

1 MR. MAILLOUX: Yeah. There appears to be
2 a B., and then the doctor's last name written out on
3 the physician signature line. That's different than
4 the CB symbol we've seen previously. Is that the
5 doctor's signature?

6 Q. This would be on 12. Would that be your
7 signature, Doctor?

8 A. That's my signature, yes, sir.

9 Q. With regard to this page, Doctor, this is
10 page 12, on the right-hand column, we see report of
11 operation or procedure. Do you see that?

12 A. Right.

13 Q. And what is listed there, what did you list
14 there on the postop diagnosis?

15 A. Normal EGD, there is normal gastroscopy and
16 normal colonoscopy.

17 Q. Doctor, with regard to the -- how do I
18 describe this? Colonoscopies, endoscopies focus on
19 one particular area. We were talking about the other
20 tests being complementary because they look at
21 different things. Do you recall that?

22 A. Right.

23 Q. What would you be ruling out by use of the
24 endoscopies here in November of 2018, what types of
25 things, conditions?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 159

1 A. Gastritis, gastric ulcer, gastric cancer,
2 esophagitis, ulcers of the esophagus, polyps in the
3 colon, colitis, cancer of the colon, all those things
4 can be detected by the endoscopy and colonoscopy.

5 Q. And what would CT scan or the MRI reveal, if
6 there's some condition there?

7 A. CT scan will detect cancer of the liver,
8 cancer of the pancreas, any lymph nodes enlarged in
9 the abdomen. They will be detected by CAT scan or
10 MRI. They cannot be detected by endoscopy or
11 colonoscopy.

12 Q. Let me turn to --

13 A. We turned this story into Rama, Lord Rama,
14 the story of 1,350 pages.

15 Q. There you go. Let's go to page 19 that's
16 titled St. Francis Medical Center Surgical Pathology
17 Report. And I see that you're listed there as the
18 attending physician?

19 A. Right.

20 Q. We have a preop diagnosis below that, and we
21 have the GERD, which is consistent with the earlier
22 statements in this. Postop, you have GERD, right?

23 A. Right.

24 Q. And then final diagnosis, is it
25 self-explanatory what the preop versus the postop, the

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 160

1 final diagnosis?

2 A. This is actually biopsy from the stoma, so it
3 had no direct relationship with GERD.

4 Q. And we have listed there gastric antrum
5 biopsy?

6 A. Right.

7 Q. Is that a condition or a test?

8 A. That is part of the stomach, is called
9 antrum, which is biopsied. We usually do that to rule
10 out any bacterial infection or any pathology which we
11 do not perceive or see through our eye.

12 Q. Okay. Below that, we have, "Slight chronic
13 inflammation in benign gastric antral mucosa." Can
14 you describe what that is?

15 A. That's what the pathologists described as
16 slight inflammation in the lining, yes.

17 Q. This is really --

18 A. This is not visible to my naked eyes.

19 Q. So this is actually prepared by, it sounds
20 like --

21 A. Pathologist.

22 Q. Leslie Mechanic, M.D.?

23 A. Right. She's the pathologist, yeah.

24 Q. Have you worked with her before?

25 A. I did.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 161

1 Q. And then to the next page, 20, page 20, we're
2 going to get through this poem, this looks to be a
3 consent form, essentially?

4 A. Right. That's right.

5 Q. Mr. Moses consenting to the endoscopies?

6 A. Right.

7 Q. The slight chronic inflammation that we saw
8 on the earlier page, are there any symptoms associated
9 with that?

10 A. Some people have pain in the epigastrium, the
11 pit of the stomach, because of the inflammation.

12 Q. Can the inflammation cause severe pain?

13 A. Usually not.

14 Q. Is it a chronic condition or does it resolve
15 itself normally?

16 A. It can resolve itself normally. We give
17 proton pump inhibitors like Omeprazole or Lansoprazole
18 to cut down on the acidity in the stomach. Acidity
19 causes inflammation. We're teaching you
20 gastroenterology today.

21 Q. Doctor, can you turn to page 25? It's 00025.

22 MR. MAILLOUX: What's at the top of this
23 page?

24 MR. INNAMORATO: Pre-anesthetic
25 evaluation.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 162

1 Q. Do you recognize any of the handwriting on
2 this?

3 A. No, I don't.

4 Q. All right. So this is probably a technician?

5 A. No. It's an anesthesiologist, most likely.
6 I think it was Dr. Losberd, but don't quote me for
7 that, because I can't tell from his handwriting, from
8 the signature, I can't tell you. He was
9 anesthesiologist who used to work with us there. But
10 don't quote me on that. Because from signature, how
11 can you tell.

12 Q. Can you now turn to page 31.

13 MR. INNAMORATO: Matt, the top of the page
14 is St. Francis Medical Center, and I believe
15 there's --

16 MR. MAILLOUX: Sedation record?

17 MR. INNAMORATO: This one should be
18 endoscopy department on the very bottom of the page.
19 On the top, it's St. Francis Medical Center.

20 Q. Doctor, we have attending MD on the top. Is
21 that yourself?

22 A. Yes, sir.

23 Q. And this procedure date is 11/30/2018; is
24 that correct?

25 A. Yes, sir.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 163

1 Q. We have, "Procedure, upper GI endoscopy.
2 Indication, suspected peptic ulcer." Do you recall
3 that?

4 A. It's written here. I can read it, yeah. I
5 can't recall, but I can read.

6 Q. Right. Do you have any reason to doubt that
7 that was a suspicion of yours, the peptic ulcer?

8 A. Yeah. It is written there. Make note that
9 it is written there, so I'm reading it. Suspected
10 peptic ulcer.

11 Q. Okay. And I'm looking at findings now. Do
12 you see that?

13 A. Pardon me?

14 Q. Findings in the middle of the page.

15 A. Findings, yes, sir.

16 Q. The examined esophagus was normal?

17 A. Yes.

18 Q. Any reason to doubt that that was your
19 conclusion?

20 A. No doubt about it.

21 Q. Okay. The entire exam on stomach was normal?

22 A. That's also my impression, yes.

23 Q. And then biopsies were taken with cold
24 forceps for Helicobacter pylori testing. What is
25 that?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 164

1 A. It's a bacterial infection in the stomach
2 which ultimately leads to stomach cancer. If you find
3 it, we treat it.

4 Q. It's associated with stomach cancer?

5 A. That's what I'm saying, that if it continues,
6 it causes gastric cancer, yes.

7 Q. The bacteria itself?

8 A. Bacteria itself, yes. So we do a biopsy to
9 make sure that the person has or does not have
10 bacterial infection. It does not show on naked
11 examination. When I look inside the stomach, I don't
12 see anything different. It looks normal.

13 Q. It looks normal, but the testing itself would
14 determine whether or not --

15 A. That's why I said the entire exam of the
16 stomach was normal.

17 Q. Okay. And this is, I guess, your electronic
18 signature there?

19 A. Yes, sir.

20 Q. Do you use an electric signature in your
21 practice?

22 A. In my practice, I had no computers, no
23 electronics.

24 Q. None?

25 A. It is in the hospital that they have their

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 165

1 system, their computerized system which prints for me.

2 Q. Let me ask you this, Doctor. Overall with
3 regard to -- if we could turn to page 33 -- actually,
4 if you would, one more page.

5 A. Okay.

6 Q. With regard to the procedures that you
7 performed on Mr. Moses in November of 2018, were you
8 able to rule out conditions other than adhesions
9 causing his pain?

10 A. Colonoscopy cannot rule out adhesions as a
11 cause of pain.

12 Q. I mean, ruling out conditions other than the
13 adhesions you originally suspected?

14 A. I'm saying the colonoscopy cannot rule out
15 adhesions. Colonoscopy can only rule out colon cancer
16 or colon polyps or colitis.

17 Q. That's my question. Was this test able to
18 rule out the colon cancer and the polyps?

19 A. Yes, it did.

20 Q. And that left then what your original
21 suspicion was was adhesions?

22 A. Yeah. It's an indirect conclusion, yes.

23 Q. After coming to these conclusions, did you
24 recommend exploratory surgery for Mr. Moses with
25 regard to the adhesions?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 166

1 A. I don't recollect.

2 Q. Would there be any reason why you would not
3 recommend exploratory surgery?

4 A. My procedures were normal. Patient was sent
5 back to prison system. That was the end of it.

6 Q. Do you recall him, at any connection with
7 this procedure, that he was still in pain, did you
8 learn?

9 A. I don't remember, no.

10 MR. MAILLOUX: Mr. Innamorato, can I ask a
11 quick question?

12 MR. INNAMORATO: Sure.

13 MR. MAILLOUX: These notes that you've
14 been shown, Doctor, are typewritten; correct?

15 THE WITNESS: They were computer
16 generated, sir.

17 MR. MAILLOUX: How do you go about
18 preparing the notes to put them into the computer?

19 THE WITNESS: Pardon me?

20 MR. MAILLOUX: How do you know about
21 preparing the notes to put them into the computer?

22 THE WITNESS: Because I sit in front of
23 the computer and I type a few things on the screen and
24 other things are already created in there, so it's a
25 combination of what you print, what you type, and what

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 167

1 is already there. You know, modern computers, it is
2 AI, artificial intelligence. So few things are
3 already preprinted, few things we add to the
4 preprinted things.

5 MR. PATTANITE: I think what he's asking
6 is do you type it yourself?

7 THE WITNESS: I type it myself, yes. I
8 know how to type, yes.

9 MR. MAILLOUX: With respect to the
10 November 30, 2018 procedure on Mr. Moses, when did you
11 enter the information into the computer?

12 THE WITNESS: It is entered same time,
13 sir. When the procedure is done. Otherwise, patient
14 --

15 MR. MAILLOUX: From the operating room?

16 THE WITNESS: Yeah. We have a small
17 dictation area, we call it. Either we dictate it on
18 the dictation system, then later on the transcribers
19 will print it, or I will type it into the computer and
20 it will be generated with the printed form right after
21 the procedure, yes, sir. There is a small dictation
22 area, they call it. All documentation area, we call
23 it documentation area. How about that? Sounds better
24 word.

25 MR. MAILLOUX: And for Mr. Moses'

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 168

1 procedure, how did you enter that information?

2 THE WITNESS: After I did the procedure, I
3 went to the dictation area or documentation area, and
4 I documented what I saw on endoscopic examination. I
5 typed it.

6 MR. MAILLOUX: Did you dictate any notes?

7 THE WITNESS: I do not recollect, sir.

8 MR. MAILLOUX: If you dictated any notes,
9 where would those notes be?

10 THE WITNESS: In the endoscopy report and
11 colonoscopy report.

12 MR. MAILLOUX: Is it the EHR or the
13 electronic health records program that converts your
14 speaking into text by dictation or something else?

15 THE WITNESS: There is transcribers who
16 type the notes that I dictate. We don't have -- when
17 I dictate, they don't type it right away, no. There's
18 a transcriber that transcribe the notes. They are
19 remotely situated. They are not in the hospital. So
20 if I dictated something, I did not have the
21 information right in front of me. If I typed it, then
22 it was there in front of me.

23 CONTINUED DIRECT EXAMINATION

24 BY MR. INNAMORATO:

25 Q. Doctor, do you keep the tapes, do you use the

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 169

1 little tapes for your dictation or is it digital?

2 A. No. It's digital. There's no dictation.

3 Q. Okay. Do you delete the digital files after
4 you use it or do you continue to maintain them?

5 A. I just dictate it to their system. I do not
6 know what happens to them afterwards.

7 Q. Okay.

8 MR. INNAMORATO: Matt, do you have any
9 follow-up on it?

10 MR. MAILLOUX: No. I'm just trying to get
11 an understanding.

12 Doctor, are there any other notes that you
13 have with respect to the procedure you performed on
14 Mr. Moses that are not reflected in this electronic
15 health record?

16 THE WITNESS: This is the only thing we
17 have. No additional notes are there.

18 MR. MAILLOUX: And you previously
19 testified that you have no independent knowledge in
20 addition to your notes; correct?

21 THE WITNESS: Yeah. I have no knowledge
22 in addition to my notes that you see in front of you
23 and in front of me, yes.

24 MR. MAILLOUX: With respect to what you
25 would have provided to the Bureau of Prisons, there

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 170

1 would have been no additional information aside from
2 what's reflected here in the EHR; correct?

3 THE WITNESS: Exactly, that's what they
4 had, yes. This information went with the patient to
5 the prison system.

6 MR. MAILLOUX: How is it sent to BOP?

7 THE WITNESS: How is it sent to the BOP?

8 MR. MAILLOUX: The BOP, yes.

9 THE WITNESS: Patient comes with prison
10 guards and the prison guards carry the documents with
11 them to the prison system, and deliver it, I guess, to
12 the prison system. I hope they don't take them home.

13 MR. MAILLOUX: The medical documents you
14 delivered in paper to the prison --

15 THE WITNESS: They're put in an envelope,
16 and the envelope is handed over to the security guard
17 who comes with the prisoner. All prisoners always
18 come with security guards. Sometimes two, sometimes
19 six, by the way. Those who are high criminals, they
20 have six security guards with them. They have special
21 uniform and special guns and everything, even though
22 they are paralyzed and they have feeding tubes. I had
23 a patient with a feeding tube, and he came with six
24 guards all the time. Best use of our tax money.

25 CONTINUED DIRECT EXAMINATION

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 171

1 BY MR. INNAMORATO:

2 Q. After performing these endoscopies in
3 November of 2018, you determined that those tests
4 showed normal results; is that right?

5 A. Yes, sir.

6 Q. And what were you able to rule out
7 definitively then regarding his condition?

8 A. That he does not have colon cancer, he does
9 not have colitis, he does not have polyps in his
10 colon, he does not have gastric cancer or gastric
11 ulcer or esophageal ulcer.

12 Q. Would that include conditions like fistula or
13 abdominal abscesses or bowel obstructions?

14 A. Abdominal abscesses cannot be seen through
15 endoscopy, and fistula also cannot be seen through
16 endoscopy.

17 Q. Now about any form of abdominal cancer beyond
18 the mucosal layer?

19 A. Cannot be seen through the endoscopy, sir.
20 That needs CAT scan or MRI, or cut him open and look
21 inside him.

22 Q. Did you, after these endoscopies, recommend
23 to the BOP any CAT scans or MRIs?

24 A. I don't recollect.

25 Q. If you did make the recommendation, would it

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 172

1 be in writing?

2 A. It could be on phone conversation, also.
3 Because sometimes I would communicate with Dr. Sood or
4 the other lady doctor, Dr. Patel, from time to time.

5 Q. That would happen at times?

6 A. That would happen at times, yes.

7 Q. Would that be reflected then in Dr. Sood's
8 notes, to your knowledge?

9 A. That, I do not know.

10 Q. Do you recall anything like that with regard
11 to Mr. Moses?

12 A. I don't.

13 Q. All right. Would you agree that things like
14 fistulas, abdominal abscesses and bowel obstructions
15 are serious health conditions?

16 A. They are, yes.

17 Q. And they could be very painful; is that
18 right?

19 A. Yes.

20 Q. And they could be life-threatening?

21 A. Not necessarily. But they can be painful.
22 Only cancer is life-threatening, perforation of the
23 bowel is life-threatening.

24 Q. Even an abscess, if untreated?

25 A. Abscess is life-threatening, you are right.

Veritext Legal Solutions

800-227-8440

973-410-4040

1 Q. And bowel obstructions can be
2 life-threatening?

3 A. Life-threatening, yes.

4 Q. Both of which are also painful?

5 A. They are painful, yes, sir.

6 Q. All right. I think you're tiring me out,
7 Doctor.

8 A. You tired me out. I have to create a Rama.
9 He stole his wife and he killed his kingdom. A short
10 story became a very long story.

11 Q. All right. We're going to move quickly now.

12 MR. INNAMORATO: Let's make this 7.

13 (Bureau of Prisons Health Services
14 Consultation Request is received and marked as Exhibit
15 Chowdhury-7 for Identification.)

16 Q. Doctor, what we're handing you now marked as
17 Exhibit 7 what purports to be a Bureau of Prisons
18 Health Services Consultation Request. And I believe
19 this one is dated at the very bottom 6/19/2019.

20 A. Yes, sir.

21 Q. Do you recognize the handwriting on this
22 document?

23 A. No, I don't.

24 Q. And I think your earlier testimony was that
25 after the endoscopies in November 2018, you no longer

1 interacted with Mr. Moses?

2 A. I don't recollect, no.

3 MR. INNAMORATO: All right. Let's mark
4 this one 8.

5 (Bureau of Prisons Health Services
6 Consultation Request is received and marked as Exhibit
7 Chowdhury-8 for Identification.)

8 Q. All right. Doctor, what we're marking as
9 Exhibit 8 is what purports to be another one of these
10 Bureau of Prisons Health Services Consultation
11 Requests. Do you see handwriting on that document?

12 A. I see the document, yes, sir.

13 MR. INNAMORATO: For Matthew's benefit,
14 it's 001614.

15 A. Yes, sir.

16 Q. Now, did you see Mr. Moses on 8/21/19?

17 A. Yes, sir.

18 Q. So that would have been almost a year after
19 the endoscopies?

20 A. Right.

21 Q. Can you read for me in the assessment area
22 what your handwriting represents?

23 A. Chronic constipation, diarrhea, short bowel.

24 Q. Anything else?

25 A. That's the assessment. You want me to read

1 recommendation?

2 Q. The assessment I see is GI consult done; is
3 that right?

4 A. Oh, you want me to read from the top?

5 Q. Yes. So I know your handwriting.

6 A. "GI consult: History of short bowel
7 syndrome, chronic diarrhea, abdominal pain on and off,
8 occasional vomiting and weight loss.

9 "On examination: Abdomen soft. Midline
10 scar of prior surgery. No palpable masses. Bowel
11 sounds normal. CT abdomen. Stools in colon.

12 "Assessment: Chronic constipation.
13 Diarrhea. Short bowel. Recommend Colace 200
14 milligrams PO daily. Fiber, two tablespoons PO daily.
15 Bentyl, 10 milligrams PRN for abdominal cramps.
16 Dr. Sood, thanks." And my signature.

17 Q. Do you recall, does this refresh your
18 recollection as to whether you met with Mr. Moses
19 again in 2019?

20 A. I have my notes here, so I must have seen
21 him, yes.

22 Q. Okay. Can you tell from your notes whether
23 or not he complained of significant pain at this time?

24 A. It says abdominal pain, yes.

25 Q. All right. Do you remember whether or not

1 you gave him that pain scale, albeit being subjective,
2 do you remember doing that?

3 A. I don't recollect.

4 Q. At this point, you've recommended Colace.
5 What is that?

6 A. Stool softener for constipation.

7 Q. How about the fiber?

8 A. Fiber also helps aid the constipation.

9 Q. How about the Bentyl?

10 A. It relieves pain caused by spasm in the
11 intestines. It's like an antispasmodic.

12 Q. None of those medications have any type of
13 opiate or narcotic pain relief; correct?

14 A. No. None of them, no, sir.

15 Q. Was there a reason why you did not prescribe
16 any type of stronger pain reliever to Mr. Moses at
17 this time?

18 A. I think that was my impression that he needs
19 Bentyl. That's all.

20 Q. This is the same Bentyl that you prescribed
21 for him in 2018?

22 A. That's right.

23 Q. All right. Do you recall any further visits
24 with Mr. Moses after this in 2019?

25 A. I don't recall.

Page 177

MR. INNAMORATO: Let's do this one 9.

(LMA LifeCare Physicians of Hamilton Clinic Notes are received and marked as Exhibit Chowdhury-9 for Identification.)

MR. MAILLOUX: Just so we're clear, what was the date again?

MR. PATTANITE: August 21, 2019.

Q. What we're presenting to you now, Doctor, is a document Bates 001616 through 1617.

A. Yes, sir.

Q. And it's titled LMA LifeCare Physicians of Hamilton.

A. Yes, sir.

Q. Are you familiar with that practice?

A. I am.

Q. And how are you familiar with it?

A. I know Dr. Rajiv Shah personally.

Q. Okay. Did you share care of Mr. Moses with Dr. Shah?

A. That, I don't recollect.

Q. Do you know whether or not Dr. Rajiv Shah has ever examined Mr. Moses?

A. I do not know.

Q. Have you ever seen this document before?

A. No, I have not.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 178

Q. What's the connection between, if any, that you're aware of between Dr. Shah and LMA LifeCare and the Bureau of Prisons?

A. Dr. Shah is a surgeon in practice. He's employed by LifeCare organization.

Q. Is that connected in any way to the intermediary that we're talking about earlier?

A. You mean NaphCare?

Q. NaphCare, yes.

A. I don't know.

MR. MAILLOUX: For the record, can we spell the names of those two organizations?

MR. INNAMORATO: LMA LifeCare Physicians of Hamilton. Was there another one?

Q. Dr. Shah is with LMA, as far as you know?

A. Yes. He was, yes.

Q. And you haven't seen this document before?

A. No, I have not.

Q. Just for the record, this is dated 8/27/19. And I believe your visit with Mr. Moses was 8/15/2019.

A. 8/21.

Q. 8/21. I'm sorry.

A. So one week later, yes.

Q. Do you know whether or not you would refer patients to Dr. Shah?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 179

A. I do refer patients to Dr. Shah even today.

Q. Okay. And do you recall whether or not, given the connection there, between the temporal connection there, whether or not you may have referred Mr. Moses to Dr. Shah?

A. I don't recollect.

Q. If you wanted to do that or if that was your desire, would you have to go through NaphCare and Dr. Sood to get approval recommending a referral as opposed to --

A. I would just write in my recommendations.

Q. We didn't see on the prior exhibit any referral.

A. So obviously I did not refer him at that time.

Q. All right. One more. Almost done, Doctor, at least for me.

MR. INNAMORATO: This will be 10.

(Bureau of Prisons Health Services Consultation Request is received and marked as Exhibit Chowdhury-10 for Identification.)

Q. Doctor, what we're handing you now we're marking as Exhibit 10. It purports to be another one of these Bureau of Prisons Health Services Consultation Request. It appears to be dated

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 180

10/31/19.

A. Yes, sir.

Q. And do you recognize the handwriting and the signature on this?

A. Yes, sir.

Q. Is that your handwriting?

A. It is my handwriting, yes.

Q. Does this refresh your recollection as to whether you were still treating Mr. Moses as late as 10/31/19?

A. I saw him at that time, yes.

Q. All right. And can you read into the record your handwriting?

A. "History of bowel resection. Short bowel syndrome. Adhesions causing GI symptoms. Has lost weight. On examination: Abdominal soft. Long midline scar. No palpable masses. Liver and spleen not palpable. Recommend Ensure, one can twice daily. Multivitamins, one tablet daily. Low lactose diet. Dr. Sood, thanks."

MR. MAILLOUX: I have a quick question.

Doctor, before you got to the recommendations one, two, three, what does it say on the line above that?

THE WITNESS: No palpable masses. I

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 181

1 couldn't feel any lumps in his belly.

2 MR. MAILLOUX: After no palpable masses,
3 is there anything written?

4 THE WITNESS: This is abbreviation for
5 liver and spleen we use many times. Liver and spleen
6 not palpable.

7 Q. And, Doctor, what does that represent,
8 meaning, not palpable?

9 A. That he does not have an enlarged liver or
10 enlarged spleen. Sometimes people with Leukemia or
11 cirrhosis of the liver, they have enlargement of the
12 liver or the spleen. Or cancer patients have enlarged
13 liver and spleen.

14 Q. You noted in the assessment section, short
15 bowel syndrome, adhesions causing GI symptoms, has
16 lost weight. Did he describe pain to you?

17 A. I do not remember that conversation.

18 Q. Short bowel syndrome, could that cause pain?

19 A. Yes, it can.

20 Q. And can it cause severe pain?

21 A. It can cause severe pain.

22 Q. And I think we've covered adhesions, they
23 cause severe pain?

24 A. Severe pain, yes.

25 Q. Is there a reason why you did not prescribe

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 182

1 any type of pain medication for Mr. Moses at this
2 time?

3 A. I do not know.

4 Q. I think you told me earlier that you had a
5 philosophy of not using narcotics. Could that explain
6 why there was no pain medication?

7 MR. PATTANITE: Objection to form. You
8 could answer.

9 A. Actually, in these notes, I do not see any
10 mention about pain. So maybe at this visit he did not
11 complain of pain. But that's only a guess, and I'm
12 not supposed to guess.

13 Q. Okay. But you're saying maybe, it's
14 possible. You don't know one way or the other?

15 A. No, I don't.

16 Q. All right. Ensure is not a pain medication;
17 right?

18 A. No. It's a supplement. You know, Ensure.

19 Q. Right. It's the common over-the-counter
20 drink, basically?

21 A. Yes.

22 Q. And multivitamins, that's not pain relieving;
23 right?

24 A. No.

25 Q. And a lactose diet is not pain relieving?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 183

1 A. No.

2 Q. But offhand right now, can you describe -- I
3 think what you've told us is that he may not have been
4 complaining of pain?

5 A. Maybe. Maybe he was not complaining, yes.

6 Q. You were consistent with the Bentyl prior to
7 that, though?

8 A. Yes.

9 Q. The antispasmodic?

10 A. Yes, I was.

11 Q. All right. Why don't we take a break, and I
12 think we may be done. Five-minute break?

13 A. I want to continue.

14 Q. I need to look at my notes. That's the
15 thing. There's a reason for me asking for the break.

16 (A short break is taken.)

17 MR. INNAMORATO: Doctor, I want to thank
18 you for your time. Mr. Mailloux may have some
19 questions for you, but I'm complete. Thank you.

20 CROSS-EXAMINATION

21 BY MR. MAILLOUX:

22 Q. Good afternoon, Doctor.

23 A. Good afternoon, sir.

24 Q. Can you hear me okay?

25 A. Fine. Thank you.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 184

1 Q. Were there any questions that Mr. Innamorato
2 asked you that you didn't understand?

3 A. No. I understood all the questions. Only
4 thing I did not have -- unfortunately, did not have
5 answer to all the questions. But I had only brief
6 encounter with Mr. Moses on three occasions.

7 Q. And in speaking with Mr. Innamorato, both the
8 last time and today, any of your answers change during
9 that time?

10 A. How can I remember what answers I gave last
11 time and how they have changed from this time? I
12 would say they should not have changed because the
13 situation has not changed.

14 Q. Have you ever personally spoken with Dr. Sood
15 about Mr. Moses?

16 A. I don't recollect, sir.

17 Q. Is that no, you don't think you have, or is
18 that something else?

19 A. I told you I do not recollect if I ever spoke
20 with Dr. Sood about Mr. Moses.

21 Q. Did you typically speak with Dr. Sood about
22 any of the patients?

23 A. On rare occasions, yes.

24 Q. Did you ever speak with Dr. Nicoletta
25 Turner-Foster?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 185

1 A. I have spoken with her from time to time.
 2 But I do not remember if I spoke with her about Mr.
 3 Moses.
 4 Q. Did you ever speak with Warden David Ortiz?
 5 A. No, I did not. I don't know who they are.
 6 Q. Was there anyone else from the Bureau of
 7 Prisons with whom you spoke about -- I'm sorry, was
 8 there anyone at the Bureau of Prisons with whom you
 9 spoke about Mr. Moses?
 10 A. I do not recollect.
 11 Q. Is there anyone in addition to Drs. Rajiv
 12 Sood and Turner-Foster with whom you would speak about
 13 inmate patients?
 14 A. I occasionally will speak with Dr. Patel.
 15 Q. Who is that?
 16 A. I don't remember his first name, but he's
 17 also one of the prison doctors.
 18 Q. What is that doctor's last name?
 19 A. Patel, P-a-t-e-l.
 20 Q. With respect to the recommendations that you
 21 had for Mr. Moses' care, do you know what the Bureau
 22 of Prisons did with respect to those recommendations?
 23 A. I do not know.
 24 Q. Did you ever follow up to make sure that that
 25 care was being provided or those recommendations were

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 186

1 being followed?
 2 A. I did not follow up, no.
 3 Q. Do you have any experience providing care in
 4 an institutional setting such as a federal correction
 5 institution?
 6 A. State prisons, yes. I did provide care to
 7 the patients in state prisons in State of New Jersey.
 8 Q. And were you physically stationed at those
 9 state prisons?
 10 A. No. I did telemed, sir. I did not go to any
 11 of the state prisons.
 12 Q. Was that providing care the same way you were
 13 providing care to inmates at Fort Dix?
 14 A. That's right.
 15 Q. So you were not on staff of the state
 16 prisons?
 17 A. I was not on staff, but I was a consulting
 18 gastroenterologist with the state prisons.
 19 Q. Were you ever on staff of a correctional
 20 institution?
 21 A. No, I was not.
 22 Q. Have you ever worked in a correctional
 23 institution?
 24 A. None other than Fort Dix.
 25 Q. And that's on a consulting basis where

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 187

1 patients are referred to you for care?
 2 A. Right. As a consultant, yes. But I have
 3 physically gone to Fort Dix to conduct the clinics.
 4 That's where I see the patients there.
 5 Q. Where did you see Mr. Moses?
 6 A. At Fort Dix Federal Prison.
 7 Q. And where did you perform the procedure?
 8 A. At St. Francis Medical Center in Trenton, New
 9 Jersey.
 10 Q. So you saw him both at Fort Dix and at
 11 St. Francis then?
 12 A. Pardon me?
 13 Q. You saw him both at Fort Dix and at
 14 St. Francis?
 15 A. That's right. St. Francis, I performed the
 16 procedures; and at Fort Dix, I did the consultation.
 17 Q. After a request was made for you to do a
 18 consultation on an inmate, when were you available to
 19 do it?
 20 A. Pardon me?
 21 Q. How soon after a consult was made would you
 22 be available to make that consult at Fort Dix?
 23 A. That depends upon scheduling. The scheduler
 24 at Fort Dix and the office secretary in my office, Kim
 25 is her name, she used to talk to them or they would

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 188

1 call her with the name of the inmates who has to be
 2 seen, and that's how they were scheduled.
 3 Q. And your schedule is pretty busy?
 4 A. Pardon me?
 5 Q. Your schedule was pretty busy?
 6 A. It was pretty busy.
 7 Q. 2018 and 2019 time frame?
 8 A. Pretty busy. There were six state prisons,
 9 and Fort Dix is the federal prison. So I used to
 10 provide GI consultation to all these institutions,
 11 sir.
 12 Q. And you maintained a practice of your own, as
 13 well?
 14 A. I did.
 15 Q. Was one institution given the priority over
 16 others?
 17 A. I don't think so. I treat all people equal.
 18 All institutions are equal to me. No priority given
 19 to any one of them.
 20 Q. And the Bureau of Prisons couldn't say, for
 21 example, you need to see this person sooner than later
 22 or you need to cancel this appointment to see someone
 23 on an expedited basis?
 24 A. That, I don't know what they do.
 25 Q. I'm sorry?

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 189

1 A. I said I cannot answer that question because
2 I do not know how their internal functioning works or
3 scheduling works. I have no idea. If the situation
4 Dr. Sood or Dr. Patel or the lady doctor, what's her
5 name, Nicoletta, I forget her name now, they would
6 call me about a particular patient they want me to see
7 right away.

8 Q. Then it would be up to your schedule to
9 determine when you are able to see that patient?

10 A. Right. It was once in a month clinic I used
11 to do. It was not like random that I go there every
12 day. It is quite far from Trenton, by the way. It is
13 almost 35 miles a way. So I won't go randomly. It
14 will be scheduled once a month clinic visit.

15 Q. Were there any recommendations that you had
16 that the BOP didn't follow with respect to Mr. Moses'
17 care?

18 A. I don't recollect.

19 Q. Were there any instances where you reached
20 out to BOP and requested that certain things be done
21 with respect to Mr. Moses' care that were not
22 otherwise being done?

23 A. I don't recollect.

24 Q. Is there anything that we've discussed
25 between the last deposition session and today where

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 190

1 any communications were made or any recommendations
2 were made with respect to Mr. Moses' care to the BOP
3 that were not discussed?

4 A. I don't understand your question. But I have
5 already mentioned that other than those three visits
6 where I saw Mr. Moses in prison and my notes, I do not
7 have any recollection about any other aspects of his
8 care.

9 Q. So aside from everything we've discussed, the
10 notes that you --

11 A. That's 100 percent.

12 Q. That's the entire universe of what you
13 remember with respect to Mr. Moses' care?

14 A. It's more than universe.

15 Q. Do you have a separate contract with
16 NaphCare?

17 A. No, I don't. Actually, now I have no contact
18 with NaphCare.

19 Q. How does NaphCare pay you?

20 A. By dollar bills.

21 Q. How do you invoice NaphCare?

22 A. My insurance -- my billing company will bill
23 NaphCare, and they will pay me depending upon, you
24 know, nature of procedures and the standard fee that,
25 you know, Medicare allows or whatever their system is.

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 191

1 Q. How do you become affiliated with NaphCare as
2 a physician?

3 A. I have nothing to do with NaphCare. It was
4 the prison system, federal prison. I was consultant
5 with federal prison. And federal prison's policy is
6 that NaphCare is subcontracted, I think. I do not
7 know all the business logistics. But NaphCare
8 provides the money part, and I think the federal
9 government contracts to NaphCare to take care of the
10 prisoners. You should know better than me.

11 Q. Do you have a contract with the Bureau of
12 Prisons?

13 A. Yes, I do.

14 MR. MAILLOUX: We'd like to formally
15 request a copy of that contract.

16 A. I have no copy now. It's all done with now.
17 I'm no more with federal prisons, I'm no more with
18 NaphCare. It is already almost two years. Ever since
19 COVID-19 hit. I stopped seeing NaphCare -- I stopped
20 seeing inmates.

21 Q. How can we get a copy of the contracts that
22 you say you have between yourself and the Bureau of
23 Prisons?

24 A. Fort Dix might have the copy.

25 Q. I understood that Fort Dix did not contract

Veritext Legal Solutions

800-227-8440

973-410-4040

Page 192

1 directly with physicians, and instead they contracted
2 with NaphCare, who then provided subspecialists such
3 as yourself.

4 A. I do not recollect contracting NaphCare or
5 communicating with them or sending an application to
6 NaphCare. My application was sent to Fort Dix and
7 they processed it. They might have sent it to
8 NaphCare, sir, but I have no recollection about all
9 this. I remember seeing the application.

10 Q. You may have contracted with NaphCare, but
11 during your time at Fort Dix it was NaphCare who
12 provided the opportunity for you to work with inmates
13 at Fort Dix?

14 A. It could be. I do not know.

15 MR. PATTANITE: I think those are all the
16 questions that I have. I appreciate your time,
17 Doctor.

18 Mr. Innamorato, do you have anything else.

19 MR. INNAMORATO: No follow-up. Thank you.
20 Doctor.

21 THE WITNESS: Sorry if I was abrupt,
22 because I have no knowledge about these things. I'm a
23 practicing physician. I spend most of my time seeing
24 my patients.

25 MR. PATTANITE: I just have a couple

Veritext Legal Solutions

800-227-8440

973-410-4040

1 follow-up.

2 CROSS-EXAMINATION

3 BY MR. PATTANITE:

4 Q. Doctor, if I show you what was marked as
5 Exhibit 1, this is your consultation report from the
6 first consultation with the patient; correct?

7 A. Right.

8 Q. And did you write that the patient had
9 abdominal pain there?

10 A. I did, yes.

11 Q. And is that something that the patient
12 reported to you?

13 A. He must have mentioned it to me.

14 Q. For you to write it down, he must have said
15 it; correct?

16 A. Yes.

17 Q. When you saw the patient again in
18 consultation in August 2019, Chowdhury Exhibit 8, did
19 you have any mention of abdominal pain by the patient?

20 A. I did. It states abdominal pain on and off.

21 Q. And where would you have gotten that
22 information from?

23 A. From the patient.

24 Q. On and off, is that the same as intermittent,
25 to your knowledge?

Veritext Legal Solutions

800-227-8440

973-410-4040

1 A. Intermittent, yeah.

2 Q. I'm going to show you Chowdhury-9, and I'm
3 going to ask you the type of pain that is described by
4 the doctor who wrote this note.

5 A. The same thing, intermittent abdominal pain.
6 I wrote on and off abdominal pain. Very similar,
7 yeah.

8 Q. So then when you saw the patient on October
9 31, 2019, there's no mention of pain in this note;
10 right?

11 A. No. I don't see any, no.

12 Q. And is it fair to say that the patient didn't
13 complain of pain, and that's why you did not write it
14 down?

15 A. Most likely.

16 Q. And is that consistent with your practice
17 over the other notes that we've discussed, that you
18 would have written down the complaints that the
19 patient made?

20 A. Right. I do, yes.

21 Q. In terms of opiate pain medicine, is there an
22 effect of opiate pain medicine on constipation?

23 A. It does. They all cause constipation.

24 Q. Causes constipation. And had the patient
25 complained of constipation previously?

Veritext Legal Solutions

800-227-8440

973-410-4040

1 A. I think he did at one time. I have to go
2 over my notes.

3 Q. Would you prescribe in a general patient, not
4 this patient, but a general patient, would you
5 prescribe opiate pain medicine to a patient who has
6 complaints of constipation?

7 A. No. Probably not.

8 Q. And why not?

9 A. Because it can worsen the constipation.

10 MR. PATTANITE: Those are all the
11 questions that I have. Thanks, Doctor.

12 MR. MAILLOUX: All the exhibits will be
13 attached?

14 MR. INNAMORATO: Yes.

15 THE COURT REPORTER: Did you need a copy
16 of the transcript?

17 MR. INNAMORATO: I'll take an expedited
18 copy.

19 MR. MAILLOUX: Yes. I'll take a copy.

20 MR. PATTANITE: I'll take a copy of both
21 today and day one.

22 (Time noted: 4:00 p.m.)

Veritext Legal Solutions

800-227-8440

973-410-4040

1
2
3 A C K N O W L E D G E M E N T

4
5 I, BHANWARLAL CHOWDHURY, certify
6 that I have read the transcript of my
7 testimony taken under oath on July 27,
8 2023, and that the transcript is a
9 true, complete and correct record of
10 what was asked, answered and said
11 during this deposition, and that the
12 answers on the record as given by me
13 are true and correct.

14
15
16 BHANWARLAL CHOWDHURY

17
18 Signed and subscribed to
19 before me, this day
20 of , 20 .

21
22 Notary Public

Veritext Legal Solutions

800-227-8440

973-410-4040

[aspects - call]

Page 3

aspects 190:7	back 125:6	beyond 127:25	172:14,23
assessment 174:21,25	130:19 141:23	143:3 171:17	173:1 174:23
175:2,12	146:23 166:5	bhanwarlal 175:6,10,13	175:6,10,13
181:14	bacteria 164:7	122:5 124:3	180:14,14
associated 161:8 164:4	164:8	125:1 196:5,16	181:15,18
assume 148:1	bacterial 160:10 164:1	197:11 198:3	bowels 142:4
attached 124:21 195:13	164:10	198:21	break 183:11
attending 149:17,20	bad 131:12,13	bill 145:5	183:12,15,16
159:18 162:20	barium 131:10	190:22	breakfast 142:10,11
attorney 149:6	131:11	billed 145:19	brief 184:5
attorney's 123:11 143:22	based 133:19	billing 145:6,10	broad 123:13
august 177:7	142:4 153:9	145:15,15,18	brought 141:22
193:18	basically 182:20	190:22	bureau 123:15
author 141:23	basis 186:25	bills 190:20	124:14,16,19
auto 131:8	188:23	biopsied 160:9	136:15 141:5
availability 151:24	bates 135:25	biopsies 163:23	144:25 146:2
available 187:18,22	136:1 149:8,9	biopsy 160:2,5	147:17,19
avenue 123:3	149:16 177:9	164:8	169:25 173:13
avoided 132:1	beginning 137:13	blame 143:13	173:17 174:5
aware 137:7	behalf 143:22	bop 127:20	174:10 178:3
178:2	believe 162:14	128:2 134:12	179:19,24
b 124:9 155:23	173:18 178:20	134:13,22	185:6,8,21
156:7,11,12	belly 181:1	136:21 138:17	188:20 191:11
158:2	benefit 174:13	138:18 139:7	191:22
b2 122:15	benign 160:13	141:8 147:7	business 191:7
123:8	bentyl 133:20	170:6,7,8	busy 188:3,5,6
	137:18 175:15	171:23 189:16	188:8
	176:9,19,20	189:20 190:2	c 123:1 130:11
	183:6	bottom 152:25	130:12,19
	best 170:24	157:22 162:18	156:7,12 196:2
	better 167:23	173:19	197:3,3
	191:10	bowel 129:1	call 142:15
		130:1,4,15,22	167:17,22,22
		137:18 171:13	

Veritext Legal Solutions

800-227-8440

973-410-4040

[call - communicate]

Page 4

188:1 189:6	181:23 194:23	124:14,16,17	colon 130:5,18
called 144:23	caused 176:10	124:19 125:1	131:9 132:20
147:24 160:8	causes 161:19	126:9 135:15	132:22,24
calls 140:12	164:6 194:24	135:17 140:20	133:3,5,8,10
cancel 188:22	causing 129:24	146:12,14	151:8 154:22
cancer 130:5	165:9 180:15	149:11,15	159:3,3 165:15
130:18 132:20	181:15	156:11,24	165:16,18
132:22,25	cb 158:4	173:15 174:7	171:8,10
133:3,5,8,12,16	ccr 197:19	177:4 179:21	175:11
133:16,17	center 152:22	193:18 194:2	colonoscopies 158:18
154:22 159:1,3	156:4 159:16	196:5,16	colonoscopy 133:4 137:20
159:7,8 164:2	162:14,19	197:11 198:3	138:21 153:24
164:4,6 165:15	187:8	198:21	154:9 156:8
165:18 171:8	certain 126:18	chronic 129:5,6	158:16 159:4
171:10,17	131:19 132:15	160:12 161:7	159:11 165:10
172:22 181:12	189:20	161:14 174:23	165:14,15
capability 150:22	certified 122:12 197:8	175:7,12	168:11
care 134:21	certify 196:5	cirrhosis 181:11	column 158:10
140:24 141:1	197:10,14	civil 122:2	combination 166:25
152:23 177:18	cesar 157:4,21	clarify 125:10	come 130:19
185:21,25	challenge 139:15	clear 155:18	154:10 170:18
186:3,6,12,13	change 125:17	177:5	comes 141:8
187:1 189:17	184:8 198:5	clinic 124:18	170:9,17
189:21 190:2,8	changed 189:10,14	150:23 177:3	coming 165:23
190:13 191:9	184:11,12,13	clinical 131:21	commencing 122:16
carry 170:10	check 145:8	clinics 187:3	commission 198:25
case 126:14	chief 153:19	colace 175:13	common 182:19
133:19 198:2	154:18	176:4	communicate 139:17 140:1,8
cases 133:9	chloride 153:12	cold 163:23	
cat 131:8 159:9	chow 148:24	colitis 130:12	
171:20,23	chowdhury 122:5 123:9	130:19 159:3	
cause 129:12	161:12 165:11	165:16 171:9	
161:12 165:11	181:18,20,21	124:3,11,12,13	
181:18,20,21			

Veritext Legal Solutions

800-227-8440

973-410-4040

[communicate - corner]

Page 5

172:3	computers 164:22 167:1	consistent 138:6,21	continue 169:4
communicates 151:23	conclusion 159:21 183:6	159:21 183:6	183:13
communicating 141:7 192:5	163:19 165:22	194:16	continued 144:18 148:16
communicati... 145:3 190:1	conclusions 165:23	constipation 174:23 175:12	168:23 170:25
company 140:24 141:1,2	condition 130:12 132:13	176:6,8 194:22	continues 137:20 164:5
141:3 144:22	159:6 160:7	194:23,24,25	contract 124:12 146:1,6
145:6,18	161:14 171:7	195:6,9	146:9,13,23,23
150:16 190:22	conditions 127:20 129:21	consult 138:24	147:6,6,7,8,10
complain 182:11 194:13	131:17,19	175:2,6 187:21	147:11,14
complained 175:23 194:25	132:15 155:7	187:22	190:15 191:11
complaining 183:4,5	158:25 165:8	consultant 137:17 138:5	191:15,25
complaint 153:19 154:18	165:12 171:12	187:2 191:4	contracted 192:1,10
complaints 194:18 195:6	172:15	consultation 124:11,15,16	contracting 192:4
complementary 158:20	conduct 187:3	124:19 126:13	contracts 146:1
complete 149:4	confident 132:8	135:16,20	191:9,21
183:19 196:9	connected 155:6 178:6	136:16 151:17	contrast 131:8
complications 130:8	connection 166:6 178:1	173:14,18	conversation 139:4 142:18
computer 134:13 166:15	179:3,4	174:6,10	150:8 172:2
166:18,21,23	conquers 141:17	179:20,25	181:17
167:11,19	consent 161:3	187:16,18	converts 168:13
computerized 165:1	consenting 161:5	188:10 193:5,6	copy 125:20
	consider 127:19 131:16	193:18	134:16 149:4
	132:16	consultations 150:6	191:15,16,21
	considered 129:14	consulting 186:17,25	191:24 195:15
		contact 150:4	195:18,19,20
		150:18 190:17	corner 122:15
		contacted 150:15	123:8 149:17
			153:20

Veritext Legal Solutions

800-227-8440

973-410-4040

[correct - directly]

Page 6

correct 126:23	133:14 159:5,7	delivered 170:14	diagnosis 134:21 135:4
126:24 133:7	175:11	department 145:10 162:18	158:14 159:20
133:14 156:3	curative 130:16	151:24 190:23	159:24 160:1
156:10,13	curiosity 153:12	depending 151:24 190:23	diarrhea 135:4
162:24 166:14	cut 161:18	depends 187:23	135:7,11
169:20 170:2	cv 122:2	deposition 122:4 136:4	174:23 175:7
176:13 193:6	d 124:1 196:2	156:21 189:25	175:13
193:15 196:9	daily 175:14,14	196:11 198:3	dictate 167:17
196:13	180:18,19	describe 138:1	168:6,16,17
correction 186:4	database 134:14	158:18 160:14	169:5
correctional 186:19,22	date 162:23	181:16 183:2	dictated 168:8
counter 182:19	177:6 197:11	described 126:18,22	168:20
couple 126:7,16	198:3	129:10 130:25	dictation 167:17,18,21
192:25	dated 135:21	160:15 194:3	169:2
court 122:1,12	150:2 173:19	describes 138:3	diet 137:19
195:15 197:8	178:19 179:25	description 124:10	180:19 182:25
cover 136:13	covid 191:19	desire 179:8	diff 130:11,12
157:19	cramps 175:15	detect 159:7	130:19
covered 181:22	create 173:8	detected 133:18 159:4,9	different 158:3
covid 191:19	created 166:24	159:10	158:21 164:12
create 173:8	creating 142:1	detection 133:8	difficulty 139:14
created 166:24	criminals 170:19	determine 132:12 151:7	digital 134:7
creating 142:1	crohn's 130:9	164:14 189:9	139:7,10 169:1
deal 139:15	cross 124:2	definitely 171:7	169:2,3
defendants 122:6 143:23	183:20 193:2	delete 169:3	direct 124:2
defined 154:2	et 127:20	deletion 147:24	125:4 144:18
definitively 171:7	128:10,11	deliver 170:11	160:3 168:23
delete 169:3	131:4 132:3,6		170:25
deletion 147:24			directly 141:7
deliver 170:11			147:20,21
			150:15 192:1

Veritext Legal Solutions

800-227-8440

973-410-4040

[director - endoscopies]

Page 7

director 150:17	165:2 166:14	doing 134:24	196:2,2,2
discharge 157:15	168:25 169:12	151:6 176:2	197:3
discharged 157:15	172:4 173:7,16	dollar 190:20	earlier 125:17
discuss 153:7	174:8 177:8	don 123:3	130:21 136:3
discussed 138:16 189:24	179:16,22	doubt 163:6,18	145:25 148:9
190:3,9 194:17	180:22 181:7	dr 122:6 123:9	150:2 154:2
disease 130:9	183:17,22	123:14 135:22	155:7 159:21
130:18 153:25	189:4 192:17	136:3,8 138:16	161:8 173:24
diseases 130:15	192:20 193:4	138:18 140:13	178:7 182:4
distention 137:23	194:4 195:11	140:13,20	easy 152:16
distinct 156:14	doctor's 155:23	142:16 148:16	eat 142:10
district 122:1,1	158:2,5 185:18	148:19 149:15	eating 142:11
123:12	doctors 140:7	150:15,17	effect 194:22
dix 135:20	150:7 185:17	156:24 162:6	egd 158:15
150:23 186:13	document 135:15 136:9	172:3,4,7	ehr 168:12
186:24 187:3,6	136:17,18,21	175:16 177:17	170:2
187:10,13,16	136:24,25	177:19,21	eight 156:6
187:22,24	137:25 139:1,6	178:2,4,15,25	either 148:20
188:9 191:24	140:16 144:1	179:1,5,9	167:17
191:25 192:6	146:15 148:2	180:20 184:14	electric 164:20
192:11,13	149:13 150:1	184:20,21,24	electronic 164:17 168:13
doe 156:10	152:6 156:2	185:14 189:4,4	169:14
doctor 125:6	173:22 174:11	198:2	electronics 164:23
135:14,18,19	174:12 177:9	drink 182:20	employed 178:5 197:14
138:18 143:15	177:24 178:17	drs 185:11	duly 125:2
143:21 144:20	documentation 167:22,23	dumb 142:17	197:11
146:16 148:25	168:3	documented 168:4	enc 155:16
151:15 155:21	documents 124:9 139:19	e 123:1,1 124:1	encounter 184:6
156:15,17	126:5 144:4	139:21,22,22	endoscopic 168:4
158:7,9,17	157:12 170:10	139:24 140:5,6	endoscopies 130:25 133:6
161:21 162:20	170:13	140:6 185:19	148:12 149:23

Veritext Legal Solutions

800-227-8440

973-410-4040

[endoscopies - final]

Page 8

150:11,23	equal 188:17	example 130:6	fair 194:12
151:14 152:4	188:18	156:4 157:8	fairly 131:19
154:25 158:18	er 137:5,6,8	188:21	familiar 177:14
158:24 161:5	errata 198:1	exhibit 124:10	177:16
171:2,22	escape 133:8	126:9 128:8	far 178:15
173:25 174:19	esophageal 154:3	133:20 135:17	189:12
endoscopy 131:2 133:9,14	esophagitis 159:2	135:19 148:24	fares 135:22
133:18 134:5	esophagus 159:2 163:16	148:25 151:16	136:3,6,8
137:20 138:20	esophageal 171:11	173:14,17	140:13 148:16
149:5 151:1,5	esq 123:3,7,12	174:6,9 177:3	fashion 153:16
152:1 153:9	essentially 161:3	179:12,20,23	fax 140:17
159:4,10	esurgical 155:17	193:5,18	144:4,11
162:18 163:1	et 122:6 198:2	exhibits 124:21	faxes 144:15
168:10 171:15	evaluation 161:25	126:8 156:21	federal 141:1
171:16,19	evil 141:18	195:12	143:23 186:4
enlarged 159:8	exact 148:6	expect 142:16	187:6 188:9
181:9,10,12	exactly 170:3	143:7	191:4,5,5,8,17
enlargement 181:11	exam 163:21	expedited 188:23 195:17	fee 190:24
ensure 180:18	164:15	experience 153:9 186:3	feeding 170:22
182:16,18	examination 125:4 144:18	expires 198:25	170:23
enter 167:11	164:11 168:4	explain 182:5	feel 132:8 181:1
168:1	168:23 170:25	explanatory 159:25	fiber 175:14
entered 167:12	175:9 180:16	exploratory 131:24 165:24	176:7,8
entire 163:21	183:20 193:2	166:3	file 134:7,16
entitled 122:11	envelope 170:15,16	eye 160:11	139:7 149:5
161:10	epigastrium 153:25 154:7	eyes 160:18	files 139:11
	161:10	f 197:3	169:3
		face 142:3	fill 147:15
		fact 129:6	filled 146:5,10
		132:24 134:2	147:1

Veritext Legal Solutions

800-227-8440

973-410-4040

[find - guess]

Page 9

find 147:23	form 141:20	further 176:23	given 129:19
164:2	146:23 147:11	197:14	152:3 153:8
findings 163:11	161:3 167:20	g	179:3 188:15
163:14,15	171:17 182:7	g 196:2	188:18 196:12
fine 183:25	formal 134:20	gallo 122:12	giving 154:18
firm 122:14	formally 191:14	197:8,19	go 136:24
123:7	forms 133:12	gastric 151:8	143:20 149:12
first 126:13	fort 135:20	159:1,1 160:4	151:15 155:19
131:15 132:13	150:23 186:13	160:13 164:6	156:9 159:15
136:4,13 137:7	186:24 187:3,6	171:10,10	159:15 166:17
148:10 149:1,4	187:10,13,16	gastritis 159:1	179:8 186:10
150:2 157:1	187:22,24	gastroenterol...	189:11,13
185:16 193:6	188:9 191:24	150:12 186:18	195:1
fistula 171:12	191:25 192:6	gastroenterol...	god 131:14
171:15	192:11,13	132:18 161:20	goes 141:16
fistulas 172:14	foster 123:14	153:25	going 133:24
five 142:5,19	184:25 185:12	gastroesopha...	135:14 140:16
183:12	four 136:25	158:15	142:24 143:12
focus 137:3	frame 188:7	gastroscopy 158:15	161:2 173:11
158:18	francis 145:11	general 129:25	194:2,3
follow 126:19	150:20,21	146:17 195:3,4	good 125:6
127:9 134:23	152:22 156:4	generally 138:25 139:25	141:10 143:16
134:25 136:7	159:16 162:14	generated 140:18 166:16	183:22,23
169:9 185:24	162:19 187:8	167:20	gotten 193:21
186:2 189:16	187:11,14,15	gerd 154:1,3	government 191:9
192:19 193:1	franklin 122:15	159:21,22	great 156:23
followed 186:1	123:8	160:3	guard 170:16
follows 125:3	front 151:11	gi 137:16,20	guards 170:10
forceps 163:24	152:18 166:22	138:4 163:1	170:10,18,20
foregoing 197:10,12	168:21,22	175:2,6 180:15	170:24
forget 142:17	169:22,23	181:15 188:10	guess 140:2,4,5
143:11,13	full 137:4	give 126:9	150:12 154:17
152:14,15	functioning 189:2	153:14 161:16	164:17 170:11
189:5			182:11,12

Veritext Legal Solutions

800-227-8440

973-410-4040

[guns - innamorato]

Page 10

guns 170:21	healthcare 141:2,3 150:7	i	indication 163:2
guy 141:21	hear 125:8	idea 189:3	indirect 165:22
h	183:24	identification 135:17 146:14	individual 144:21
h 124:9	heard 140:20	148:24 173:15	infection 160:10 164:1
hamilton 141:13	held 122:14	174:7 177:4	164:10
124:18 177:2	helicobacter 163:24	179:21	inflammation 154:4 160:13
177:12 178:14	helps 176:8	identified 126:12	160:16 161:7
hand 149:17	high 170:19	identify 138:4	161:11,12,19
153:20 158:10	hindu 141:13	146:20 155:11	information 128:21 129:22
handed 135:18	hipaa 140:4	155:13	167:11 168:1
170:16	history 126:23	identifying 156:15	168:21 170:1,4
handing 173:16	126:25 129:1,2	ignorant 142:17	193:22
179:22	130:22 154:21	ii 122:6	inhibitors 161:17
handwriting 138:9,11	156:5 157:22	illness 154:22	inmate 128:3
146:19 147:1	157:24 175:6	illnesses 130:15	136:20 185:13
152:8,8,9,15,16	180:14	imodium 133:22 137:18	187:18
153:20 154:14	hit 191:19	impression 163:22 176:18	inmates 186:13
162:1,7 173:21	home 170:12	improve 134:2	188:1 191:20
174:11,22	honest 142:22	include 126:25	192:12
175:5 180:3,6	143:15	127:4 171:12	innamorato 123:3 124:4
180:7,13	hope 170:12	independent 125:21 137:25	125:5 136:1
happen 172:5,6	hospital 137:9	169:19	140:15 143:20
happened 139:4	145:11 151:24	independently 154:12	144:19 146:11
happens 169:6	164:25 168:19	india 145:24	148:22 149:9
hard 134:16	hospitalizatio...	indicated 197:12	155:15 156:1
health 124:14	127:1,5,12		156:22 157:18
124:16,19	hospitalized 137:8		157:24 161:24
136:15 149:6	human 143:9		162:13,17
168:13 169:15	hundred 127:23		
172:15 173:13			
173:18 174:5			
174:10 179:19			
179:24			

Veritext Legal Solutions

800-227-8440

973-410-4040

[innamorato - leukemia]

Page 11

166:10,12	194:1,5	k	knowledge
168:24 169:8	internal 124:13	k 196:2	169:19,21
171:1 173:12	148:23 149:1	keep 134:18	172:8 192:22
174:3,13 177:1	189:2	killed 141:22	193:25
178:13 179:18	internally	131:2	known 130:12
183:17 184:1,7	131:2	173:9	i
192:18,19	interview 142:5	kills 141:18	1 185:19 196:2
195:14,17	intestine	kim 187:24	lactose 180:19
inner 131:9	133:17	kind 134:16	182:25
inside 131:7	intestines	136:21	lady 172:4
164:11 171:21	176:11	king 141:18	189:4
instances	intravenous	kingdom 173:9	lanka 141:18
189:19	153:15	know 125:23	141:19
institution	invoice 190:21	130:25 131:23	lansoprazole
186:5,20,23	involved 130:5	138:11,17	161:17
188:15	involvement	142:20 143:8	late 180:9
institutional	148:14	146:6 147:14	law 122:14,14
186:4	iv 153:5,6	148:2,16,18,20	123:7
institutions	j	150:10 151:4	lawrenceville
188:10,18	jersey 122:1,13	153:3,22	122:15 123:8
insurance	122:16 123:8	154:25 155:20	lawyer 143:9
190:22	123:12,13	155:24 156:24	layer 171:18
intelligence	156:5 186:7	156:25 157:3,6	leading 129:3
167:2	187:9 197:9	166:20 167:1,8	leads 164:2
interacted	job 122:24	169:6 172:9	learn 166:8
138:22 144:21	johnson 137:9	175:5 177:17	learned 133:2
174:1	joshua 122:3	177:21,23	left 149:17
interim 137:13	126:14 135:21	178:10,15,24	153:4,20
137:16	149:5 155:16	182:3,14,18	165:20
intermediary	198:2	185:5,21,23	legal 149:7
141:4 144:24	jr 123:7	188:24 189:2	lenox 122:14
147:17 150:16	july 122:16	190:24,25	123:7
178:7	196:7	191:7,10	leslie 160:22
intermittent	jungles 141:17	192:14	leukemia
137:21 193:24			181:10

Veritext Legal Solutions

800-227-8440

973-410-4040

[lexington - mean]

Page 12

lexington 123:3	longer 173:25	made 128:1,9	164:9 171:25
life 172:20,22	look 131:1,5,7	139:2 187:17	173:12 185:24
172:23,25	146:22 147:24	187:21 190:1,2	187:22
173:2,3	149:16 152:7	194:19	management
lifecare 124:17	152:10,13,19	mail 139:19,21	140:25
177:2,11 178:2	153:18 158:20	139:22,22,24	mark 135:14
178:5,13	164:11 171:20	140:5,6,6	148:22 174:3
likely 162:5	183:14	mailloux	marked 135:17
194:15	looking 128:21	123:12 124:4	146:13 148:24
line 158:3	135:2 137:12	135:25 136:2	149:11 151:16
180:24 198:5	147:11 156:24	143:18,21,22	173:14,16
lining 131:9	163:11	143:25 144:8	174:6 177:3
160:16	looks 144:4	144:11,14,17	179:20 193:4
list 158:13	161:2 164:12	149:8 155:13	marking
listed 149:20	164:13	155:18 156:3	148:25 174:8
158:13 159:17	lord 141:14,16	156:20,23	179:23
160:4	159:13	157:20 158:1	masses 175:10
litigation 149:3	losberd 162:6	161:22 162:16	180:17,25
little 141:11	loss 175:8	166:10,13,17	181:2
169:1	lost 180:15	166:20 167:9	matt 136:1
liver 133:17	181:16	167:15,25	143:21 155:17
159:7 180:17	louis 135:22	168:6,8,12	156:1 157:18
181:5,5,9,11,12	136:5,6	169:10,18,24	162:13 169:8
181:13	low 180:19	170:6,8,13	matter 122:11
living 141:17	lower 150:25	177:5 178:11	149:7
lle 198:1	lumen 131:1,6	180:21 181:2	matthew
lp 123:2	131:7	183:18,21	123:12
lma 124:17	lumps 181:1	191:14 195:12	matthew's
177:2,11 178:2	lymph 159:8	195:19	174:13
178:13,15	m	maintain 169:4	md 162:20
located 145:20	m 196:2	maintained	meals 137:23
logistics 191:7	m.d. 122:5	188:12	mean 125:18
long 173:10	124:3 125:1	make 128:1,5	133:1 135:11
180:16	160:22 197:11	128:12 136:24	136:19 151:17
		146:11 163:8	165:12 178:8

Veritext Legal Solutions

800-227-8440

973-410-4040

[meaning - nature]

Page 13

meaning 181:8	mentioning	131:15 132:4	mucosa 160:13
meant 153:23	145:25	132:19,24	mucosal 171:18
mechanic	met 125:12	133:3,19	multiple 129:2
160:22	126:4,17	134:24 135:21	multivitamins
medical 134:7	175:18	136:8 137:7	180:19 182:22
134:9 152:22	michael 123:7	138:1,22	n
156:4 157:11	michelle 122:12	140:13 142:2	n 123:1 124:1
159:16 162:14	197:8,19	143:4 148:10	196:2,2 197:3
162:19 170:13	middle 163:14	148:14,17	naked 160:18
187:8	midline 175:9	149:5,24 150:3	164:10
medicare	180:17	150:4,7,11	name 136:5
190:25	miles 189:13	151:1,10 152:4	145:14 147:21
medication	milligrams	153:8 154:5,13	154:15 155:23
132:13,14,15	153:13 175:14	154:15 155:16	158:2 185:16
182:1,6,16	175:15	161:5 165:7,24	185:18 187:25
medications	mind 140:16	167:10,25	188:1 189:5,5
134:3 153:8	155:2	169:14 172:11	198:2,3
176:12	mine 138:14	174:1,16	names 178:12
medicine	156:18	175:18 176:16	naphcare
129:25 132:17	minute 142:5,5	176:24 177:18	140:19,21,22
194:21,22	183:12	177:22 178:20	140:23 141:8
195:5	modern 167:1	179:5 180:9	143:17 144:20
meet 154:8,11	moment 135:14	182:1 184:6,15	145:3,7,8,25
meeting 126:13	139:5	184:20 185:3,9	147:17 178:8,9
127:18 154:12	money 170:24	185:21 187:5	179:8 190:16
memo 136:13	191:8	190:18,19,21	190:23 191:1,3
memorize	month 148:6	190:2,6,13	191:6,7,9,18,19
152:12	189:10,14	198:2	192:2,4,6,8,10
mention 155:9	morning 142:2	142:10	192:11
182:10 193:19	142:10	move 142:3	narcotic 176:13
194:9	moses 122:3	173:11	narcotics 182:5
mentioned	126:14,17	171:20	nature 129:5
132:6 136:3	127:9,14,19	129:15	190:24
143:17 190:5	128:10,16	131:4 132:3	
193:13	129:15 130:22	171:23	

Veritext Legal Solutions

800-227-8440

973-410-4040

[nausea - opportunity]

Page 14

nausea 137:23	166:4 171:4	173:25	office's 144:11
necessarily	175:11	number 140:17	offices 122:14
130:17 135:10	normally	144:2,3,6,9,12	oh 175:4
136:17 172:21	146:22 154:8	144:14 146:15	okay 125:21,25
necessary	161:15,16	155:19	128:23 129:25
128:22,24,25	notary 122:13	nurse 157:8,10	131:22 132:3
need 146:16	125:2 196:22	157:13,21	133:6 134:6
183:14 188:21	197:9 198:25	nurse's 157:3	135:7,10
188:22 195:15	note 132:10	o	138:15,19,25
needed 134:20	135:3 139:3	o 196:2 197:3	141:7 142:7
needs 151:25	149:3 151:17	oath 142:21	143:4 151:20
152:1 171:20	163:8 194:4,9	196:7	152:3 154:21
never 131:13	noted 181:14	objection 182:7	155:6 160:12
140:6 144:23	195:22	obstruction	163:11,21
new 122:1,13	notes 122:10	129:2	164:17 165:5
122:15 123:4,4	124:18 126:10	obstructions	169:3,7 175:22
123:8,12,13	126:11,13,13	171:13 172:14	177:18 179:2
126:19 137:22	128:6,7,8	173:1	182:13 183:24
156:4 186:7	132:20,21	obviously	omeprazole
187:8 197:9	133:19 139:2	179:14	133:25 137:18
198:1	151:15 166:13	occasional	161:17
newark 123:13	166:18,21	175:8	once 189:10,14
nicoletta	168:6,8,9,16,18	occasionally	one's 152:16
123:14 184:24	169:12,17,20	185:14	open 171:20
189:5	169:22 172:8	occasions 184:6	opening 151:25
nj6027534	175:20,22	184:23	operating
122:24	177:3 182:9	october 194:8	167:15
nodes 159:8	183:14 190:6	offhand 145:17	operation
normal 127:7	190:10 194:17	183:2	158:11
153:14 155:1,3	195:2 197:13	office 123:11	opiate 176:13
155:5 158:15	november	134:18 143:22	194:21,22
158:15,16	133:5 148:12	145:21,22,24	195:5
163:16,21	151:1 154:6	151:22,22	opinion 128:18
164:12,13,16	158:24 165:7	187:24,24	opportunity
	167:10 171:3		149:13 152:17

Veritext Legal Solutions

800-227-8440

973-410-4040

[opportunity - pattanite]

Page 15

192:12	137:4 144:1	painful 172:17	patel 172:4
opposed 179:10	149:1,4,15	172:21 173:4,5	185:14,19
oral 126:23,25	152:6,21	palpable	189:4
orally 154:18	153:18 155:10	175:10 180:17	pathologist
order 128:22	155:12,14,15	180:18,25	160:21,23
orders 152:24	155:20 156:10	181:2,6,8	pathologists
156:8	156:10,25	pancreas	160:15
organization	158:9,10	133:16 159:8	pathology
178:5	159:15 161:1,1	paper 129:23	151:8,9 155:17
organizations	161:8,21,23	147:22 170:14	159:16 160:10
178:12	162:12,13,18	papers 145:18	patient 126:23
organs 129:12	163:14 165:3,4	146:5 151:21	127:1 129:1
original 165:20	198:5	157:15	134:21 135:21
originally	pages 136:25	paragraph	142:6 151:25
165:13	141:19 146:15	137:4,12,15	151:25 154:11
ortiz 123:15	155:19 156:2,6	138:6,19	166:4 167:13
185:4	156:7 157:21	paragraphs	170:4,9,23
outlines 131:9	159:14	137:11	189:6,9 193:6
outpatient	paid 145:7	paralyzed	193:8,11,17,19
149:4	pain 129:6,12	170:22	193:23 194:8
outside 131:6	129:24 137:21	pardon 139:20	194:12,19,24
145:23	137:22 153:24	146:21 163:13	195:3,4,4,5
overall 134:21	154:6,7 161:10	166:19 187:12	patients 126:19
137:21 165:2	161:12 165:9	187:20 188:4	128:3 134:17
own 140:2,3	165:11 166:7	part 160:8	136:19,20,20
145:12,13	175:7,23,24	191:8	139:14 148:8
152:16 156:16	176:1,10,13,16	particular	150:19 154:8
188:12	181:16,18,20	127:14 130:15	178:25 179:1
p	181:21,23,24	135:3 136:23	181:12 184:22
p 123:1,1	182:1,6,10,11	137:25 138:15	185:13 186:7
185:19	182:16,22,25	139:1 144:21	187:1,4 192:24
p.m. 122:17	183:4 193:9,19	158:19 189:6	pattanite 123:7
195:22	193:20 194:3,5	party 197:15	124:5 126:2
page 124:10	194:6,9,13,21	past 128:2	140:15 149:11
136:14,15	194:22 195:5	129:2 130:2	155:11,24

Veritext Legal Solutions

800-227-8440

973-410-4040

[pattanite - prison]

Page 16

156:9,14 167:5	pertinent	135:12 151:7	preprinted
177:7 182:7	128:16	176:4	167:3,4
192:15,25	philosophy	policy 191:5	prescribe
193:3 195:10	182:5	polyps 159:2	133:20 176:15
195:20	phone 140:12	165:16,18	181:25 195:3,5
pattern 137:21	142:15,18	171:9	prescribed
pay 190:19,23	144:1,3 150:8	possibility	176:20
pee 142:3	150:18 172:2	132:19 136:22	prescription
people 161:10	physical 156:5	possible 130:13	134:2
181:10 188:17	157:23,25	136:11 143:4	present 152:5
peptic 163:2,7	physically	182:14	154:22
163:10	186:8 187:3	post 137:17	presented
perceive	physician	152:23	129:20
160:11	142:16,17	postop 158:14	presenting
percent 130:16	149:17,21	159:22,25	177:8
142:23 190:11	152:25 158:3	practice 130:2	pretty 156:14
perforation	159:18 191:2	132:17 145:13	188:3,5,6,8
172:22	192:23	145:16 157:11	previously
perform 150:11	physicians	164:21,22	158:4 169:18
150:25 187:7	124:17 139:16	177:14 178:4	194:25
performed	177:2,11	188:12 194:16	print 166:25
148:11 151:5	178:13 192:1	practicing	167:19
165:7 169:13	picked 133:13	192:23	printed 167:20
187:15	pinning 138:25	pre 149:11	prints 165:1
performing	pit 161:11	161:24	prior 150:1
149:24 150:22	place 146:18	preop 159:20	175:10 179:12
151:4 171:2	plaintiff 122:4	159:25	183:6
period 148:14	123:5 126:14	preparation	priority 188:15
person 141:24	po 175:14,14	151:14	188:18
142:17,18	poem 161:2	prepare 134:20	prison 139:16
145:14 157:14	poetic 141:20	prepared	139:23 140:7
157:15 164:9	poetry 141:13	135:22 152:11	140:25 145:5
188:21	141:24	160:19	147:19 150:12
personally	point 131:5	preparing	151:21,22,23
177:17 184:14	132:23 133:2	166:18,21	166:5 170:5,9

Veritext Legal Solutions

800-227-8440

973-410-4040

[prison - reason]

Page 17

170:10,11,12	procedure	pump 161:17	ram 141:18
170:14 185:17	127:7 134:11	purports	rama 141:13,14
187:6 188:9	157:14 158:11	135:18,19	141:16,16
190:6 191:4,4	162:23 163:1	136:7 173:17	159:13,13
191:5	166:7 167:10	174:9 179:23	173:8
prison's 191:5	167:13,21	purposes	ramayana
prisoner	168:1,2 169:13	149:23	142:2
170:17	187:7	put 166:18,21	random 189:11
prisoners 141:1	procedures	170:15	randomly
145:5 170:17	126:18 145:7	pylori 163:24	189:13
191:10	150:19 165:6	q	rare 130:13
prisons 123:15	166:4 187:16	question 125:9	184:23
124:14,16,19	190:24	126:16 127:21	rather 145:21
136:15 141:5	proceedings	129:25 143:12	ravana 141:18
144:25 146:2	122:11	143:19 152:21	ravi 122:6
147:18 169:25	processed	165:17 166:11	123:14 138:16
173:13,17	192:7	180:21 189:1	198:2
174:5,10 178:3	professionals	190:4	rays 128:23
179:19,24	157:12	questions 126:7	132:4
185:7,8,22	program	126:16 127:23	reached 189:19
186:6,7,9,11,16	168:13	142:8 146:17	read 137:15
186:18 188:8	progress 135:3	146:17 147:2,4	138:5,20
188:20 191:12	139:2,3	152:11 183:19	152:16 153:22
191:17,23	proton 161:17	184:1,3,5	163:4,5 174:21
privacy 140:2	provide 186:6	192:16 195:11	174:25 175:4
147:25	188:10	quick 143:18	180:12 196:6
private 145:13	provided	166:11 180:21	reading 163:9
prn 137:19	169:25 185:25	quickly 173:11	really 125:15
175:15	192:2,12	quite 189:12	126:6 131:23
probably	provides 191:8	quote 162:6,10	133:10 142:9
143:11,16	providing	r	148:13 160:17
146:3 152:20	186:3,12,13	r 123:1 197:3	reason 128:12
162:4 195:7	public 122:13	rajiv 177:17,21	151:20 152:3
problem	125:2 196:22	185:11	163:6,18 166:2
139:12	197:9 198:25		176:15 181:25

Veritext Legal Solutions

800-227-8440

973-410-4040

[reason - report]

Page 18

183:15 198:5	145:4,9,17	record 154:16	158:17 165:3,6
reasons 147:25	146:7 148:6	162:16 169:15	165:25 172:10
recall 125:16	150:9 152:5	178:11,19	regarding
126:19 127:11	166:1 168:7	180:12 196:9	128:2 140:13
127:13 129:14	171:24 174:2	196:12	150:7 171:7
129:16 132:23	176:3 177:20	recording	related 140:4
134:1,24	179:6 184:16	157:13	197:15
136:23 139:6	184:19 185:10	recordkeeping	relationship
143:6,7 146:3	189:18,23	140:3	140:19 160:3
147:5,10	192:4	records 124:13	relief 176:13
149:24 150:14	recollection	134:7,10,18,20	reliever 176:16
151:10,13	143:3 175:18	148:23 149:2,5	relieves 176:10
154:12 158:21	180:8 190:7	168:13	relieving
163:2,5 166:6	192:8	recovered	182:22,25
172:10 175:17	recommend	157:14	remember
176:23,25	132:8 137:19	recross 124:2	125:22 127:22
179:2	138:20,23	redactions	127:25 134:25
receive 145:2	165:24 166:3	147:24	140:12 142:18
received	171:22 175:13	redirect 124:2	142:22 145:14
135:16 144:15	180:18	reed 123:2	146:8 147:8,13
146:13 148:23	recommendat...	refer 178:24	147:16 148:7
173:14 174:6	128:6,9,11,13	179:1,14	166:9 175:25
177:3 179:20	139:2 171:25	referral 179:9	176:2 181:17
recent 127:4	175:1	179:13	184:10 185:2
recognize	recommendat...	referred 179:4	185:16 190:13
144:3,8 152:24	128:2 179:11	187:1	192:9
162:1 173:21	180:23 185:20	reflected 132:5	remembering
180:3	185:22,25	169:14 170:2	133:7
recollect	189:15 190:1	172:7	remote 145:22
128:14,17	recommended	reflux 153:25	remotely
136:10,12	129:15 132:3	refresh 175:17	168:19
137:2,10 139:5	132:10 176:4	180:8	rephrase
140:14 142:4,9	recommending	regard 126:19	129:18
142:9,11,12,14	127:19 179:9	130:14 131:15	report 136:7
142:15 143:14		144:20 158:9	138:15 148:13

Veritext Legal Solutions

800-227-8440

973-410-4040

[report - schedule]

Page 19

155:17 158:10 159:17 168:10 168:11 193:5 reported 193:12 reporter 122:13 195:15 197:9 reporting 198:1 represent 153:7 181:7 representing 123:5,9,14 149:6 represents 174:22 request 124:13 124:15,16,19 128:5 134:22 136:16 148:23 149:2 173:14 173:18 174:6 179:20,25 187:17 191:15 requested 149:5 189:20 requests 174:11 resection 130:5 130:16,23 180:14 resections 130:1	resolve 161:14 161:16 respect 143:25 167:9 169:13 169:24 185:20 185:22 189:16 189:21 190:2 190:13 response 155:4 results 171:4 reveal 159:5 review 149:13 152:17 reviewed 125:13 126:4 right 125:25 126:11,15 127:16,17 129:4,7,13 130:7,14 131:3 131:13,25 132:2,11 133:16,21 135:7,13,24 137:6 138:10 140:4 141:9,15 142:22 143:2,7 144:3 145:1,24 148:21 149:19 149:25 153:21 154:17,20,21 154:24 156:11 156:19 157:17 157:25 158:10 158:12,22	159:19,22,23 160:6,23 161:4 161:4,6 162:4 163:6 167:20 168:17,21 171:4 172:13 172:18,25 173:6,11 174:3 174:8,20 175:3 175:25 176:22 176:23 179:16 180:12 182:16 182:17,19,23 183:2,11 186:14 187:2 187:15 189:7 189:10 193:7 194:10,20 road 122:15 123:8 robert 137:8 room 123:13 157:2 167:15 rule 127:20 129:20 131:18 132:14 151:7,8 160:9 165:8,10 165:14,15,18 171:6 rules 125:8 ruling 131:17 158:23 165:12	s s 123:1 124:9 198:5 saline 153:14 saw 128:16 136:11 137:7 148:10 154:5 155:7 161:7 168:4 180:11 187:10,13 190:6 193:17 194:8 saying 164:5 165:14 182:13 says 137:5 138:20 144:4 149:1,3 152:23 152:25 153:5 153:24 154:14 154:22 155:16 175:24 scale 176:1 scan 127:20 128:10,11 131:8 132:6 159:5,7,9 171:20 scans 131:4 132:3 133:15 171:23 scar 175:10 180:17 schedule 188:3 188:5 189:8
--	---	--	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[scheduled - sir]

Page 20

scheduled 151:21 152:1 188:2 189:14 scheduler 151:23 187:23 scheduling 152:2 187:23 189:3 scope 133:11 screen 166:23 screening 153:24 154:23 155:1,3,5 second 136:14 137:4 143:25 149:15 152:14 152:15 secretary 151:22 187:24 section 149:3 153:4 181:14 security 170:16 170:18,20 sedated 154:10 sedation 162:16 sedative 153:16 see 128:8 134:4 134:5 135:11 135:23 137:13 138:9 144:6 145:5 146:18 146:22 149:7 149:18 151:11 153:5,19	155:15 157:19 158:10,11 159:17 160:11 163:12 164:12 169:22 174:11 174:12,16 175:2 179:12 182:9 187:4,5 188:21,22 189:6,9 194:11 seeing 136:23 148:8 191:19 191:20 192:9 192:23 seems 146:24 seen 130:1 136:8,16,22 137:16 158:4 171:14,15,19 175:20 177:24 178:17 188:2 selected 150:10 self 159:25 send 126:3 145:6,6 sending 192:5 sent 137:5,6 145:18 166:4 170:6,7 192:6 192:7 sentences 141:23 separate 190:15	serious 132:13 172:15 services 124:14 124:16,19 136:16 145:6 173:13,18 174:5,10 179:19,24 session 125:14 127:14 131:16 189:25 setting 144:5 186:4 severe 161:12 181:20,21,23 181:24 sfmc 149:6 shah 177:17,19 177:21 178:2,4 178:15,25 179:1,5 share 177:18 sheet 198:1 short 137:18 156:5 157:22 157:24 173:9 174:23 175:6 175:13 180:14 181:14,18 183:16 show 147:9 148:13 164:10 193:4 194:2 showed 171:4	shown 144:1 166:14 shree 141:18 sign 147:7 157:12 signature 146:19 152:24 153:3 156:7,12 156:16,16,25 157:1,3,21 158:3,5,7,8 162:8,10 164:18,20 175:16 180:4 197:18 signatures 146:25 152:25 155:20,22,25 157:19 signed 146:1,3 147:6,11 148:4 157:10 196:18 significant 175:23 signing 146:8 147:8 signs 157:15 similar 194:6 simple 141:21 141:25 142:1 single 142:5 sir 125:7 127:25 143:24 144:7 149:22 150:21 152:9
--	--	---	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[sir - surgeries]

Page 21

153:3 156:18 158:8 162:22 162:25 163:15 164:19 166:16 167:13,21 168:7 171:5,19 173:5,20 174:12,15,17 176:14 177:10 177:13 180:2,5 183:23 184:16 186:10 188:11 192:8 sit 166:22 situated 168:19 situation 184:13 189:3 six 170:19,20 170:23 188:8 skip 137:11 slight 160:12 160:16 161:7 small 133:17 167:16,21 smfc 155:16 smith 123:2 sodium 153:12 soft 175:9 180:16 softener 176:6 sood 122:6 123:14 138:16 138:16,18 140:13 142:16 148:19 150:15	150:17 172:3 175:16 179:9 180:20 184:14 184:20,21 185:12 189:4 198:2 sood's 172:7 soon 187:21 sooner 188:21 sorry 178:22 185:7 188:25 192:21 sort 134:12 147:11 sounds 160:19 167:23 175:11 spasm 176:10 speak 184:21 184:24 185:4 185:12,14 speaking 138:25 168:14 184:7 special 170:20 170:21 spell 178:12 spend 192:23 spleen 180:17 181:5,5,10,12 181:13 spoke 184:19 185:2,7,9 spoken 184:14 185:1	st 145:11 150:20,21 152:22 156:4 159:16 162:14 162:19 187:8 187:11,14,15 staff 157:8 186:15,17,19 stamp 154:15 standard 190:24 started 148:7 state 122:13 186:6,7,7,9,11 186:15,18 188:8 197:9 statements 159:22 states 122:1 123:11,15 193:20 stationed 186:8 stay 156:5 157:22,24 stenographic 122:10 197:13 stole 141:22 173:9 stoma 160:2 stomach 131:9 160:8 161:11 161:18 163:21 164:1,2,4,11,16 stool 176:6	stools 175:11 stop 125:9 stopped 191:19 191:19 story 141:11,14 141:20,25 142:1,4 159:13 159:14 173:10 173:10 street 123:13 stronger 176:16 subcontracted 191:6 subjective 176:1 subscribed 196:18 198:22 subspecialists 192:2 successful 132:14,16 supplement 182:18 supportive 129:8 135:4 supposed 126:1 182:12 sure 136:24 137:1 141:12 164:9 166:12 185:24 surgeon 178:4 surgeries 129:3
--	--	---	---

Veritext Legal Solutions

800-227-8440

973-410-4040

[surgery - three]

Page 22

surgery 131:24 137:17 165:24 166:3 175:10 surgical 124:11 135:16,20 159:16 suspected 127:15 163:2,9 165:13 129:23 131:21 163:7 165:21 sworn 125:2 197:11 198:22 symbol 156:16 158:4 symptomato... 155:4 symptoms 129:5 134:1 137:22 161:8 180:15 181:15 syndrome 137:18 175:7 180:15 181:15 181:18 system 139:17 139:23 140:2,3 140:25 145:5 150:13 165:1,1 166:5 167:18 169:5 170:5,11 170:12 190:25 191:4	t t 124:9 185:19 196:2 197:3,3 table 154:9 tablespoons 175:14 tablet 180:19 take 146:16 147:2 149:12 152:7,10 170:12 183:11 191:9 195:17 195:19,20 taken 122:11 163:23 183:16 196:7 takes 140:24 141:1 talk 125:10 187:25 talked 134:7 146:1 talking 156:1 158:19 178:7 tapes 168:25 169:1 tastes 131:12 131:13 tax 170:24 teaching 161:19 team 156:11 technician 162:4	telemed 186:10 192:19 telephone 140:9,10 tell 132:20,21 141:11 142:24 153:11 155:2 157:4 162:7,8 162:11 175:22 telling 127:11 temporal 179:3 ten 155:1 term 140:20 terms 139:13 145:10 194:21 test 129:19,20 160:7 165:17 testified 125:2 169:19 testimony 125:13,17,18 125:20 126:20 130:21 131:18 133:8 136:4 146:4 173:24 196:7 testing 163:24 164:13 tests 131:4 132:9,16 158:20 171:3 text 168:14 thank 125:7 131:14 136:2 144:17 156:20 183:17,19,25	192:19 thanks 156:23 175:16 180:20 195:11 thing 133:6 142:23 145:4 169:16 183:15 184:4 194:5 things 132:11 135:1 143:11 158:21,25 159:3 166:23 166:24 167:2,3 167:4 172:13 189:20 192:22 think 126:12,22 128:22 129:10 129:23 130:4 130:21 131:22 134:4 135:1,3 140:24,25 146:2 147:19 148:5,9,12 149:2 162:6 167:5 173:6,24 176:18 181:22 182:4 183:3,12 184:17 188:17 191:6,8 192:15 195:1 threatening 172:20,22,23 172:25 173:2,3 three 157:21 180:23 184:6
---	--	---	--

Veritext Legal Solutions

800-227-8440

973-410-4040

[three - undertake]

Page 23

190:5	195:21	treating 180:9	176:12,16
thursday	told 130:4	treatment	182:1 194:3
122:16	132:11 135:1,4	139:14	typed 168:5,21
tighten 129:11	142:14 182:4	trenton 156:4	types 158:24
tightens 129:11	183:3 184:19	187:8 189:12	typewritten
time 125:12	tolerated	trinity 149:6	166:14
126:8,17,18	137:19	true 196:9,13	typically
127:18 132:12	tolerates	197:12	184:21
133:2 135:2	137:23	try 125:10	
139:17,18	top 135:20	132:13 133:24	u
141:10 143:11	140:17 144:2	140:18	u.s. 143:22
143:16 145:11	152:23 153:19	trying 151:7	ugi 138:20
146:16 148:10	154:16 155:11	169:10	ulcer 159:1
148:11 149:12	155:14,15	tube 170:23	163:2,7,10
150:1,13 151:1	161:22 162:13	tubes 170:22	171:11,11
151:10 154:5	162:19,20	turn 136:14	ulcers 159:2
167:12 170:24	175:4	152:6,21	ultimately
172:4,4 175:23	total 142:4	155:10 159:12	164:2
176:17 179:15	transcribe	161:21 162:12	ultrasound
180:11 182:2	168:18	165:3	128:15,18,19
183:18 184:8,9	transcriber	turned 159:13	128:22 132:4
184:11,11	168:18	turner 123:14	ultrasounds
185:1,1 188:7	transcribers	184:25 185:12	131:5
192:11,16,23	167:18 168:15	twice 180:18	under 142:21
195:1,22	transcript	two 137:11	196:7
times 126:25	122:10 125:22	141:23 157:11	understand
142:24 172:5,6	125:24 126:3	157:20 170:18	125:9 142:21
181:5	195:16 196:6,8	175:14 178:12	184:2 190:4
tired 173:8	transcription	180:23 191:18	understanding
tiring 173:6	197:13	type 135:25	131:17 140:18
titled 152:22	transcripts	136:17,18	169:11
159:16 177:11	156:21	145:2 166:23	understood
today 125:8,16	treat 148:16	166:25 167:6,7	142:13 184:3
161:20 179:1	164:3 188:17	167:8,19	191:25
184:8 189:25		168:16,17	undertake
			128:10

Veritext Legal Solutions

800-227-8440

973-410-4040

[unfortunately - years]

Page 24

unfortunately	visit 132:23	week 178:23	writing 132:5
184:4	133:3,4 138:1	weight 175:8	139:18 154:19
uniform 170:21	150:2 178:20	180:16 181:16	172:1
unit 122:15	182:10 189:14	welcome 125:6	written 127:22
123:8 152:23	visits 176:23	went 155:21	127:24 138:24
united 122:1	190:5	168:3 170:4	141:19,24
123:11,15	vol 198:3	whatsoever	142:25 143:1
universe	volume 122:6	150:4	146:6 155:5
190:12,14	vomiting	wife 141:22,22	158:2 163:4,8
untreated	137:24 175:8	173:9	163:9 181:3
172:24	vs 122:5	witness 124:2	194:18
upper 137:19	w	126:1 143:24	wrong 133:7
149:17 150:25	w 196:2	144:6,10,13,16	156:10
153:4,20 163:1	want 125:9,16	156:13 166:15	wrote 141:24
use 131:8	136:24 137:3	166:19,22	146:6 194:4,6
158:23 164:20	141:11 153:18	167:7,12,16	x
168:25 169:4	174:25 175:4	168:2,7,10,15	x 124:1,9
170:24 181:5	183:13,17	169:16,21	128:23 132:4
used 126:8	189:6	170:3,7,9,15	y
162:9 187:25	wanted 138:8	180:25 181:4	yeah 132:10
188:9 189:10	179:7	192:21 197:10	140:11 144:6
using 182:5	warden 185:4	witnesses'	147:13 152:18
usually 140:9	wash 142:3	198:3	154:4,11
150:17 154:11	way 131:23	wood 137:8	156:18 157:3
160:9 161:13	132:12,17	word 167:24	158:1 160:23
v 198:2	140:1 170:19	work 148:7	163:4,8 165:22
vantage 131:5	178:6 182:14	162:9 192:12	167:16 169:21
verbally 139:18	186:12 189:12	worked 160:24	194:1,7
veritext 198:1	189:13	186:22	year 155:8
versus 159:25	we've 134:7	works 189:2,3	174:18
viewed 138:21	135:18 136:3	worsen 195:9	years 141:16
visible 133:11	138:16 143:17	write 179:11	142:19,19,19
160:18	158:4 181:22	193:8,14	142:20 155:1
	189:24 190:9	194:13	191:18
	194:17		

Veritext Legal Solutions

800-227-8440

973-410-4040

[york - zoom]

Page 25

york 123:4,4
198:1
z
zoom 123:12

Veritext Legal Solutions

800-227-8440

973-410-4040

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness: Changes.

(1) Review: Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted

fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: MOSES, JOSHUA
Date of Birth: 05/11/1981
Reg #: 55715-068
Complex: FTD
Sex: M
Report of Consultation: Gastroenterology
Subtype: Initial Evaluation
Inmate Name: MOSES, JOSHUA
Date of Birth: 05/11/1981
Reg #: 55715-068
Sex: M
Institution: FORT DIX FCI
6756 HARTFORD & POINTVILLE RD
FORT DIX, New Jersey 08049
6097231100

Assessment: 5. Abdominal pain, diarrhea,
gas, GERD.
No Bowel resection.
Abd: Soft, dist. xlaes.
No palpable masses.
No Adhesions
Short bowel syndrome

Plan:

1. Pantyl 10 mg q 6^h po
2. Imodium 4 mg q 6^h po
3. omeprazole 40 mg P.O. QD
4. Diet as tolerated.

Signature
Date

Thanks

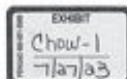
B. Chudhry

Completed by:

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be cited upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Formulary.

Please notify institution prior to scheduling surgery dates or follow-up appointments.
Inmate not to be informed of appointment dates.



Bureau of Prisons
Health Services
Cosign/Review

Inmate Name: MOSES, JOSHUA
Date of Birth: 05/11/1981
Sex: M
Reg #: 55715-068
Race: BLACK
Facility: FTD
Scanned Date: 04/24/2018 11:34 EST

Reviewed with New Encounter Note by Sood, Ravi MD on 04/24/2018 11:57.

RWJ Hamilton			
MOSES, JOSHUA		Gender: M	
MR#: 60-07-74	DOB: 05/11/81	LOCATION: HMOP Emergency	
Visit#: 072969494	ADMITTED: 02/15/2018 11:34 AM		
DR: Felman, Katherine	DISCHARGED: 02/15/2018 21:43 PM (LOS #0 days)		
Physician Consult Report		02/15/2018 21:13 PM Fares II, Louis G. (MD)	
02/16/2018 13:45 Fares II, Louis G. (MD)			

DATE OF CONSULTATION: 02/15/2018

SURGICAL CONSULTATION

HISTORY OF PRESENT ILLNESS: This 36-year-old male Federal inmate sustained a gunshot wound to the abdomen greater than 10 years ago. He has had multiple surgeries over that time, according to the patient, and they were all done at Temple University. Apparently, he did lose a significant amount of small bowel and he says he only has 100 cm left. He also lost his transverse colon. He has also had multiple hernia repairs as well as using mesh and having mesh removed a number of times. The reason he was presently brought to the emergency department at Robert Wood Johnson, Hamilton, was because he had some bright red blood per rectum and some "undigested food particles" per rectum. However, when I discussed this with him, he has had the same problem for at least 10 years now. We placed the nasogastric tube expecting to see a lot of drainage and essentially minimal came out, maybe at the most 50 mL. He said the tube was making him nauseous and I have ordered that the tube be removed since I do not think there is anything that is going on there. I examined his abdomen. Although he has a long midline and multiple scars in his abdomen, he is soft and he has no evidence of tenderness at this time. He has no rigidity. He has no bowel sounds. I have also reviewed the CT scan that was done as well as his labs. CT scan did show some dilated small bowel and the stomach, but I think the stomach was dilated because of the dye that he had ingested. The small bowel itself, there is no evidence of obstruction and no transition point. It looks like this is probably all related to the previous surgeries he has had. His laboratory tests also were essentially unremarkable with no evidence of white count, leuk, or abnormalities. His abdominal level was 4.4. I believe at this point in time, there is no evidence of obstruction and there is no surgical indication of surgical abdomen present. I believe he needs upper and lower endoscopy to be performed since the last testing he had done was at least 5 years ago. If this patient does indeed have some kind of small gut syndrome, this needs to be investigated and followed medically. I will be going to the Fort Dix Surgical Clinic next Tuesday, which is 02/20/2018 and I will request that they have him present so I can see him there. Meanwhile, I believe he can be discharged back safely to the institution and we will go from there.

IMPRESSION:

RECOMMENDATIONS:

Dictated by: Louis Fares II, MD
Signed by: Louis G. Fares II, MD
DO: 02/15/2018 21:13:02
DT: 02/16/2018 13:45:00
T: 18:58
J: 366485

CC:



Requested by: Selby, Stephanie (Remote Chart Reviewer)
3/5/2018 3:07:00 PM

Printed from: RWJ Hamilton
Page: 1 of 2

US000470

RWJ Hamilton			
MOSES, JOSHUA		Gender: M	
MR#: 60-07-74	DOB: 05/11/81	LOCATION: HMOP Emergency	
Visit#: 072969494	ADMITTED: 02/15/2018 11:34 AM		
DR: Felman, Katherine	DISCHARGED: 02/15/2018 21:43 PM (LOS #0 days)		
Physician Consult Report		02/15/2018 21:13 PM Fares II, Louis G. (MD)	
02/16/2018 13:45 Fares II, Louis G. (MD)			

DATE OF CONSULTATION: 02/15/2018

SURGICAL CONSULTATION

HISTORY OF PRESENT ILLNESS: This 36-year-old male Federal inmate sustained a gunshot wound to the abdomen greater than 10 years ago. He has had multiple surgeries over that time, according to the patient, and they were all done at Temple University. Apparently, he did lose a significant amount of small bowel and he says he only has 100 cm left. He also lost his transverse colon. He has also had multiple hernia repairs as well as using mesh and having mesh removed a number of times. The reason he was presently brought to the emergency department at Robert Wood Johnson, Hamilton, was because he had some bright red blood per rectum and some "undigested food particles" per rectum. However, when I discussed this with him, he has had the same problem for at least 10 years now. We placed the nasogastric tube expecting to see a lot of drainage and essentially minimal came out, maybe at the most 50 mL. He said the tube was making him nauseous and I have ordered that the tube be removed since I do not think there is anything that is going on there. I examined his abdomen. Although he has a long midline and multiple scars in his abdomen, he is soft and he has no evidence of tenderness at this time. He has no rigidity. He has no bowel sounds. I have also reviewed the CT scan that was done as well as his labs. CT scan did show some dilated small bowel and the stomach, but I think the stomach was dilated because of the dye that he had ingested. The small bowel itself, there is no evidence of obstruction and no transition point. It looks like this is probably all related to the previous surgeries he has had. His laboratory tests also were essentially unremarkable with no evidence of white count, leuk, or abnormalities. His abdominal level was 4.4. I believe at this point in time, there is no evidence of obstruction and there is no surgical indication of surgical abdomen present. I believe he needs upper and lower endoscopy to be performed since the last testing he had done was at least 5 years ago. If this patient does indeed have some kind of small gut syndrome, this needs to be investigated and followed medically. I will be going to the Fort Dix Surgical Clinic next Tuesday, which is 02/20/2018 and I will request that they have him present so I can see him there. Meanwhile, I believe he can be discharged back safely to the institution and we will go from there.

IMPRESSION:

RECOMMENDATIONS:

Dictated by: Louis Fares II, MD
Signed by: Louis G. Fares II, MD
DO: 02/15/2018 21:13:02
DT: 02/16/2018 13:45:00
T: 18:58
J: 366485

CC:

Requested by: Selby, Stephanie (Remote Chart Reviewer)
3/5/2018 3:07:00 PM

Printed from: RWJ Hamilton
Page: 1 of 2

US000471

StatRad Exam Requisition

Page 1 of 2



FCI Fort Dix FTD

Patient: MOSES, JOSHUA (Male)
Register#: 55716-046
Date: 02/14/18 10:15
Site/Account: 3
History: PAIN HX RESECTION
Priors: 6/10/15; 3/11/15 READ AS NEG
Exams: FILM ACUTE ABDOMEN SERIES W/ CXR
Referring Phy: SODD
Ordering Phy: SODD
Ordering Phy #: 600 723 1100 X6787
Accession Numbers: 2028BOP171512818

DOB: 05/11/81
Age: 36
Status: OP

Final Report

Exam: FILM ACUTE ABDOMEN SERIES W/ CXR

INDICATION: Pain history resection

COMPARISON: Abdominal exam 6/10/15

FINDINGS:

Single frontal view of the chest and 2 frontal views of the abdomen obtained.
Multifocal air-fluid levels within dilated loops of small bowel and also in the stomach.
There is bowel gas and fecal matter throughout the colon and into the rectum.
No free air under diaphragm.

Lungs are clear. No pleural effusion.
Cardiomediastinal silhouette is within normal limits.
No radiopaque renal calculi identified.
Osseous structures intact.

IMPRESSION:

Multiple differential air-fluid levels with dilated small bowel. Findings are concerning for partial or early small bowel obstruction. Follow-up along clinical correlation advised.
No free air under diaphragm.

US000478

StatRad Exam Requisition

Page 2 of 2

No radiopaque renal calculi identified.

Lungs are clear. No acute cardiopulmonary process.

Radiologist: Farhad Khonashadi, MD
Study ready at 10:16 and initial results transmitted at 12:13

Critical Value Communications

Clear Time	Type	Notes
	Verify Receipt	

US000479

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name: MOSES, JOSHUA	Sex: M	Reg #: 55715-066
Date of Birth: 05/11/1981	Race: BLACK	Facility: FTD
Scanned Date: 02/14/2018 13:30 EST		

Reviewed by Sood, Ravi MD on 02/15/2018 11:46.

02/15/2018 11:20

(743)

P. 006/1218

SURGICAL CONSULTATION

Fort Dix

Date: 02/06/2018

Patient: Joshua Moses

ID #: 55715-066

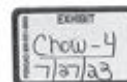
CC: Multiple visits to ER, RWJ-H for abdominal pain.

HPI: 36 y/o male w/ exploratory laparotomy at Temple dt GSW in 2009. Small bowel removed and appendix. Possible short gut syndrome.

Findings: He has changed his diet to a soy-based "religious diet." He did vomit that morning but he is doing much better now. Last endoscopy in 2012. Had bleeding ulcers "vaccinated" in 2010.

Plan: I had asked for the records from his Temple admissions to be obtained. I am still waiting for them. He still needs an Upper and Lower Endoscopies to evaluate his intestinal tract. Surgically, I do not think there is anything to do but this other information is needed to be sure.

Louis G. Fares II, M.D., F.A.C.S.



US000359

Bureau of Prisons - FTD

US000480

Unknown

06/18/18 13:28:16 RptCare: 52857311285 ->

atlens RptCare Inc

Page 836

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: MOSES, JOSHUA	Reg #: 55715-066	Complex: FTD
Date of Birth: 05/11/1981	Sex: M	
Consultation/Procedure Requested: General Surgery		
Referral: Initial Evaluation		
Priority: Routine		
Target Date: 06/22/2018		
Reason for Request: 36 years old male.		

S/P exploratory laparotomy for abdomen GSW injury in 2009 - resection of most of small bowel and appendix; he denies removal of spleen; 105 cm of small bowel was left; he had abdominal surgery to close his non-healing abdominal wall - last surgery was in 04/2010 when abdominal wall was closed with bioprosthetic mesh; in 2014 some of mesh pouted out, and stomach having drainage; in 05/15/2017 he had surgery - some were removed; post surgery wound has closed; no local drainage; he has intermittent abdominal pain, and increased frequency of watery and semisolid bowel movements.

He was sent to ER, RWJH, Hamilton on 02/15/2018; he had CT scan of abdomen, and was seen by surgeon in the ER - Dr. Lera, who recommended UGI endoscopy and colonoscopy.

Again, he was sent to ER, RWJH, Hamilton on 04/11/2018 for abdominal pain - ER discharge papers are reviewed - CT scan of abdomen and pelvis with IV contrast on 04/11/2018 - mild fullness of renal pelvis. Bilaterally with no ureteral obstruction, no gross bowel wall thickening or perforation. Chronic distention as was seen on prior study - secondary to chronic partial small bowel obstruction.

In the interim, he was seen by the GI consultant on 04/24/2018; post surgery adhesions, short bowel syndrome - endoscopy, bariatric and immediate PRN diet as tolerated; he did not recommend UGI endoscopy or colonoscopy; he continues to have intermittent abdominal pain; overall pattern of abdominal pain has been same with no new symptoms; he tolerates the meals, though he has nausea; no description of diarrhea or vomiting.

Provisional Diagnosis: Chronic intermittent abdominal pain - S/P exploratory laparotomy for abdomen GSW injury in 2009 - resection of most of small bowel and appendix, short bowel syndrome.

Medications (As of 04/16/2018): Acetaminophen 325 MG Tab. Exp: 11/07/2018 SIG: Take two tablets (500 MG) by mouth three times daily AS NEEDED.

Capreomycin 0.1% Ext Cream 58.8 GM Exp: 11/10/2018 SIG: Apply a small amount topically to the affected area(s) twice daily.

Omeprazole 40 MG Cap. Exp: 11/07/2018 SIG: Take one capsule (40 MG) by mouth each morning "Chronic Care Center".

Allergies (As of 05/18/2018): Cymbalta

Health Problems (As of 05/18/2018): Encephalopathy, Epilepsy, Pain in SHO, On symp (including skin and respiratory issues), Other general symptoms, Dermatitis, Functional, Insomnia with vomiting, Agitation, Unspecified, Dermatitis, Unspecified, Body mass index (BMI) 27.0-27.9, adult, Body mass index (BMI) 35.0-39.9, adult, Vitamin D deficiency, Unspecified abdominal pain, Pain in unspecified joint

Isolate Resilience Translation: No Language: Additional Records Required: Comments:

Requested By: Sood, Ravi MD

Ordered Date: 05/09/2018 12:06

Scheduled Target Date: 07/13/2018 00:00

Generated 06/18/2018 13:21 by WMA, Symmetry HT

Bureau of Prisons - FTD

Page 1 of 2



4 Red work
4 Red Endoscopy

US000360

Unknown

06/18/18 13:28:16 RptCare: 52857311285 ->

atlens RptCare Inc

Page 837

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: MOSES, JOSHUA	Reg #: 55715-066	Complex: FTD
Date of Birth: 05/11/1981	Sex: M	
Level of Care: Medically Necessary - Non-Emergent		
Report of Consultation: General Surgery	Subtype: Initial Evaluation	
Inmate Name: MOSES, JOSHUA	Reg #: 55715-066	
Date of Birth: 05/11/1981	Sex: M	
Institution: FORT DIX FCI		
6750 HARTFORD & POINTVILLE RD		
PORT JEFFERSON JERSEY 08040		
800/221100		

Assessment:

Plan:

Signature

Date

Completed By:

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnosis/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider; the institution utilization review committee under the BOP National Policy.

Please notify institution prior to scheduling surgery dates or follow-up appointments. Inmate not to be informed of appointment dates.

Generated 06/18/2018 13:21 by WMA, Symmetry HT

Bureau of Prisons - FTD

Page 1 of 2

US000361

Table of Contents

Section	Description	Page Number
1	Solicitation/Contract Form	1
2	Commodity or Services Schedule	2
	2-1 Contract Pricing/SDS Participation	3
	2-2 Performance Work Statement	8
3	Contract Clauses	14
	32.14-40-79 Notice of Customer Personnel Security Requirements (Oct 2001)	14
	32.17-105-72 DOJ CONTRACTOR RESIDENCY REQUIREMENT BUREAU OF PRISONS (JUNE 2006)	16
	32.200-8 (Deviation) Updates of Information Regarding Responsibility Matters (Oct 2002) (DEVATION)	16
	32.204-18 Ordering (Oct 1998)	16
	32.216-09 Order Limitations (Oct 1993)	16
	32.216-21 Requirements (Oct 1993)	17
	32.217-8 Option to Extend Services (Nov 1999)	17
	32.217-9 Option to Extend the Term of the Contract (Mar 2000)	17
	32.218-000 CONTINUING CONTRACT PERFORMANCE DURING A PANDEMIC INFLUENZA OR OTHER NATIONAL EMERGENCY (May 2000)	17
	32.252-4 Authorized Deviations in Clauses (Apr 1994)	18
	32.212-5 Contract Terms and Conditions Required to Implement Statutes or Executive Orders—Commercial Items (July 2010)	18
	32.232-19 Availability Of Funds For The Next Fiscal Year (Apr 1984)	18
	32.237-7 Indemnification and Medical Liability Insurance (Jan 1997)	19
	2852.201-79 Contracting Officer's Technical Representative (COTR) (JAN 1985)	19
	2852.223-79 Unsafe Conditions Due to the Presence of Hazardous Material (June 1996)	19
4	List of Attachments	22
	4-1 Special Contract Conditions	23

Section 2 - Commodity or Services Schedule

SCHEDULE OF SUPPLIES/SERVICES				
CONTINUATION SHEET				
ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE
0001	Comprehensive Medical Services for the Federal Correctional Institution located in PT Co, New Jersey. See Section 2-1 Schedule of Items and Section 2-2 Performance Work Statement. Base Year: Date of Award (DOA) through twelve months.	Previous : 12.000000	Previous : Previous :	
		Change: 0.000000		
		Current :		
		12.000000		
0002	Comprehensive Medical Services for the Federal Correctional Institution located in PT Co, New Jersey. See Section 2-1 Schedule of Items and Section 2-2 Performance Work Statement. Option Year 1: 12 months through 24 months from DOA.	Previous : 12.000000	Previous : Previous :	
		Change: 0.000000		
		Current :		
		12.000000		
0003	Comprehensive Medical Services for the Federal Correctional Institution located in PT Co, New Jersey. See Section 2-1 Schedule of Items and Section 2-2 Performance Work Statement. Option Year 2: 25 months through 36 months from DOA.	Previous : 12.000000	Previous : Previous :	
		Change: 0.000000		
		Current :		
		12.000000		
0004	Comprehensive Medical Services for the Federal Correctional Institution located in PT Co, New Jersey. See Section 2-1 Schedule of Items and Section 2-2 Performance Work Statement. Option Year 3: 37 months through 48 months from DOA.	Previous : 12.000000	Previous : Previous :	
		Change: 0.000000		
		Current :		
		12.000000		
0005	Comprehensive Medical Services for the Federal Correctional Institution located in PT Co, New Jersey. See Section 2-1 Schedule of Items and Section 2-2 Performance Work Statement. Option Year 4: 49 months through 60 months from DOA.	Previous : 12.000000	Previous : Previous :	
		Change: 0.000000		
		Current :		
		12.000000		
PREVIOUS TOTAL				
CURRENT TOTAL				

2-1 Contract Pricing/SDS Participation

US001809

US001810

BLOCKS 19 THROUGH 24 - CONTRACT PRICING/SDS PARTICIPATION Overview

Services are required to be provided in accordance with the Performance Work Statement included in this solicitation/contract. Offerors are required to submit, as a part of their business proposal, a completed copy of the Schedule of Items and the Target for Participation of Small Disadvantaged Business Concerns (page 7-9).

Pricing Methodology

Except for services based on session rates, price proposals will be calculated from benchmarks utilizing Medicare reimbursement methodologies. For each category of service to be provided, offerors will be allowed to propose a variation from the benchmark Medicare rate in the form of a discount from or a premium to Medicare rates established by the Centers for Medicare and Medicaid Services. The rates established in the resulting contract shall not be construed as participation in the Medicare program; contract rates will merely be equal to Medicare rates of reimbursement without reductions for deductibles, copayments, or coinsurance. Where appropriate, either payments calculated in accordance with Medicare reimbursement methodologies shall be made in recognition of extremely costly stays. The outlier payment shall be calculated based upon the defined benchmark and will consist of the operating portion only. This structuring of the pricing methodology is not intended to be restrictive of any offeror; offerors need only to propose that percentage discount from or premium to the Medicare benchmark rate which will reflect the desired level of payment for the category of services rendered. If during contract performance, it is determined that a necessary contract deliverable is not covered by Medicare reimbursement methodology, a separate rate shall be negotiated for such deliverable(s).

Medicare Part A. The Medicare benchmark to be utilized for all services covered by Medicare Part A shall be the most current Basic DRG payment (i.e., Operating Federal Rate) established for CFS 48700, Williamsport, PA. The Basic DRG calculation shall not include any provider-specific adjustments allowed under actual Medicare participation. Offerors may propose a discount from or a premium to Basic DRG rates. (Refer to Attachment I of this solicitation)

Medicare Part B Physician and Non-Physician Services. The Medicare benchmark to be utilized for all physician services and non-physician services covered by Medicare Part B shall be those rates established in the most current Medicare Part B Fee Schedule for Payment Locality 39 for the Commonwealth of Pennsylvania. The benchmark charges shall be those established for participating providers. Offerors may propose a discount from or a premium to the benchmark charges.

Medicare Part B Facility Services (including hospital outpatient services and ambulatory surgical centers). The Medicare benchmark to be utilized for all facility services covered by Medicare Part B shall be the most current APC and ASC rates calculated for CFS 48700, Williamsport, PA. Offerors may propose a discount from or a premium to the benchmark charges.

Estimated Quantities

Estimated quantities for the base year and all option periods are detailed below. The estimated quantities provided are not a representation to the offeror/contractor that the estimated quantities will be required or ordered or that conditions affecting requirements will be stable or normal.

Inpatient and Outpatient Facility and Physician Services

Base Year - Date of Award (DOA) through 12 months from DOA

Inpatient Days: Estimated 120 Days

Outpatient Visits: Estimated 720 Visits

Option Year 1 - 13 through 24 months from DOA

Inpatient Days: Estimated 120 Days

Outpatient Visits: Estimated 720 Visits

Option Year 2 - 25 through 36 months from DOA

Inpatient Days: Estimated 120 Days

Outpatient Visits: Estimated 720 Visits

Option Year 3 - 37 through 48 months from DOA

Inpatient Days: Estimated 120 Days

Outpatient Visits: Estimated 720 Visits

US001811

US001812

Option Year 4 - 49 through 60 months from DOA

Inpatient Days: Estimated 120 Days

Outpatient Visits: Estimated 720 Visits

Outpatient Institution Services

Estimated quantities shall remain constant for the base year and all option years. For Medicare-based services, duration of visits is listed for informational purposes only; as contracted rates will be based upon the Medicare allowable per procedure performed. Outpatient Surgeon services shall be paid based upon the provision of defined sessions. The estimated quantities are not a representation to an offeror or contractor that the estimated quantities will be required or ordered or that conditions affecting requirements will be stable or normal.

General Surgeon: Visit Duration - 4 hours (Approximate)

Visit Quantity - 12 per contract year

Optometric: Session Duration - 4 hours (Approximate)

Session Quantity - 24 per contract year

Orthopedic Surgeon: Visit Duration - 6 hours (Approximate)

Visit Quantity - 12 per contract year

Physical Therapy: Visit Duration - 3 hours (Approximate)

Visit Quantity - 192 per contract year

Podiatrist: Visit Duration - 4 hours (Approximate)

Visit Quantity - 36 per contract year

Note: Session priced items which exceed the established session or are less than a full session shall be prorated to the nearest quarter hour. Session prices for optometrist shall be for evaluations only. Contract rates for procedures covered by Medicare reimbursement methodologies shall be covered by line items 2(a), Other Physicians. Optometry procedures not covered by Medicare reimbursement methodologies shall be negotiated on a case-by-case basis.

Schedule of Items/Target for Participation of Small Disadvantaged Business Concerns

Offerors shall complete the following Schedule of Items and Target for Participation of Small Disadvantaged Business Concerns. All proposed pricing and participation targets will be evaluated in accordance with FAR 52.212-2, "Evaluation—Commercial Items" and "Evaluation of Proposals" (Section 5-2) of this solicitation.

Schedule of Items

BASE YEAR

Date of Award through 12 months from DOA

- 1a. Inpatient Facility Services: - Discount or + Premium to Medicare Part A
- 1b. Outpatient Facility Services: - Discount or + Premium to Medicare Part B
- 2a. Inpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2b. Outpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2c. Outpatient Institution Services:
1. Other Physicians: - Discount or + Premium to Medicare Part B
2. Optometrist: \$ Session

NOTE: IF OFFERING A VARIANCE FROM THE BENCHMARK MEDICARE RATE, INSERT APPLICABLE "+" PERCENTAGE. IF NO VARIANCE, ENTER "0".

OPTION YEAR 1

13 through 24 months from DOA

- 1a. Inpatient Facility Services: - Discount or + Premium to Medicare Part A
- 1b. Outpatient Facility Services: - Discount or + Premium to Medicare Part B
- 2a. Inpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2b. Outpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2c. Outpatient Institution Services:
1. Other Physicians: - Discount or + Premium to Medicare Part B
2. Optometrist: \$ Session

NOTE: IF OFFERING A VARIANCE FROM THE BENCHMARK MEDICARE RATE, INSERT APPLICABLE "+" PERCENTAGE. IF NO VARIANCE, ENTER "0".

OPTION YEAR 2

25 through 36 months from DOA

- 1a. Inpatient Facility Services: - Discount or + Premium to Medicare Part A
- 1b. Outpatient Facility Services: - Discount or + Premium to Medicare Part B
- 2a. Inpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2b. Outpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2c. Outpatient Institution Services:
1. Other Physicians: - Discount or + Premium to Medicare Part B
2. Optometrist: \$ Session

NOTE: IF OFFERING A VARIANCE FROM THE BENCHMARK MEDICARE RATE, INSERT APPLICABLE "+" PERCENTAGE. IF NO VARIANCE, ENTER "0".

US001813

US001814

as such in the database maintained by the Small Business Administration (SBA) or by contacting the SBA's Office of Small Disadvantaged Business Certification and Eligibility.

2.2 Performance Work Statement

BLOCK 10 - PERFORMANCE WORK STATEMENT

1. Background

The Federal Bureau of Prisons (BOP) was established in 1910 to provide more progressive and humane care for Federal inmates, to professionalize the prison service, and to ensure consistent and centralized administration. Today, the BOP is responsible for the custody and care of approximately 217,000 Federal offenders. The Federal prison system is a nationwide system of prisons and detention facilities for the incarceration of inmates who have been sentenced to imprisonment for Federal crimes and the detention of individuals awaiting trial in Federal court. The defined mission of the BOP is as follows:

It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

As an agency under the Executive Branch of the United States Government, the BOP receives an annual appropriation of funds to accomplish its assigned mission. The public trust demands that this annual appropriation be prudently managed. Thus, dollars spent to maintain the health of the inmate population must reflect the agency's best efforts to obtain cost-effective health care consistent with community standards.

In meeting the health care needs of a growing inmate population, the BOP provides essential medical, dental, and mental health services to Federal inmates by BOP staff. When a medical need arises which cannot be provided within prison walls by BOP staff, referrals are then made to community-based providers. It is the goal of this solicitation to establish a contractual agreement that will provide necessary physician and facility services for both inpatient admissions and outpatient encounters.

The United States Penitentiary and Satellite Camp (hereinafter referred to as USP) located in Wayne, Pennsylvania, intends to make a single award to a responsible entity for the provision of Comprehensive Medical Services as set forth in this solicitation/contract. The USP currently houses male inmates. The USP is presently identified as a Care Level II BOP facility. Care Level II is an intermediate classification on the four-level scale where Care Level I represents the least restrictive inmates and Care Level IV represents inmates with serious health issues. Criteria for categorizing an inmate in the Care Level II category is included in Attachment 1. Despite this description of the general health of the inmate population, however, needs for inmate healthcare may arise at any time, in any capacity, and any level of complexity. Classification and designation of inmates is the sole responsibility of the BOP and may be changed at any time without consideration to the contractor.

In evaluating offers, the Government will evaluate the proximity of the proposed community-based providers, in addition to other factors, and give preference to those providers located nearest the USP. Although a mileage restriction has not been placed on this acquisition, the Government reserves the right to determine that the proposed driving distances/conditions to community-based providers pose an unacceptable cost or security risk and to find such offers unacceptable.

II. Organizational Conflict of Interest

The objective of this solicitation is to satisfy the BOP's requirement for the provision of health care to the inmates of the USP. A potential organizational conflict of interest may arise if the awardee is an entity which also holds or participates in a separate contract/agreement with the BOP as a medical claims adjudicator. A possible conflict of interest may exist if the awardee has dual responsibilities for the submission of proper invoices (i.e., medical claims) for services rendered under the resulting contract and for the adjudication of those invoices (i.e., medical claims) under a separate contract/agreement with the BOP.

US001815

OPTION YEAR 3

37 through 48 months from DOA

- 1a. Inpatient Facility Services: - Discount or + Premium to Medicare Part A
- 1b. Outpatient Facility Services: - Discount or + Premium to Medicare Part B
- 2a. Inpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2b. Outpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2c. Outpatient Institution Services:
1. Other Physicians: - Discount or + Premium to Medicare Part B
2. Optometrist: \$ Session

NOTE: IF OFFERING A VARIANCE FROM THE BENCHMARK MEDICARE RATE, INSERT APPLICABLE "+" PERCENTAGE. IF NO VARIANCE, ENTER "0".

OPTION YEAR 4

49 through 60 months from DOA

- 1a. Inpatient Facility Services: - Discount or + Premium to Medicare Part A
- 1b. Outpatient Facility Services: - Discount or + Premium to Medicare Part B
- 2a. Inpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2b. Outpatient Physician Services: - Discount or + Premium to Medicare Part B
- 2c. Outpatient Institution Services:
1. Other Physicians: - Discount or + Premium to Medicare Part B
2. Optometrist: \$ Session

NOTE: IF OFFERING A VARIANCE FROM THE BENCHMARK MEDICARE RATE, INSERT APPLICABLE "+" PERCENTAGE. IF NO VARIANCE, ENTER "0".

Target for Participation of Small Disadvantaged Business (SDB) Concerns

Offers must provide a participation target for utilization of small disadvantaged business (SDB) concerns (including joint ventures, teaming arrangements, and subcontractors) performing within North American Industry Classification System Sector 62, Health Care and Social Assistance. The SDB participation target identified by the offeror will be incorporated into any resulting contract.

Participation Target _____ percent

The above participation target will be achieved through performance by:

[] the Contractor, including joint venture partners and team members (target _____ percent)

[] subcontractors (target _____ percent)

Offers are advised that, in accordance with FAR clause 12.219-25 entitled Small Disadvantaged Business Participation Program--Disadvantaged Status and Reporting, in order to qualify for disadvantaged status under this clause, SDB concerns must be identified

Offers received from any firm which holds or participates in a separate contract/agreement for BOP medical claims adjudication services must address any potential organizational conflict of interest that may arise and must provide a detailed explanation of how such conflicts will be avoided. Offers received from any firm which holds or participates in a separate contract/agreement for BOP medical claims adjudication services which fail to adequately address/potential conflicts of interest will be rejected without further consideration. This limitation on the eligibility of offers has been imposed as authorized by Federal Acquisition Regulations (FAR) 9.506.

III. Statement of Output

Within this Performance Work Statement (PWS), necessary services are described in terms of output rather than specific task assignments. The BOP desires to make an award to the offeror who can provide the best value, considering the diversity of available services and price, among other criteria specified in Section 5-2. Therefore, the Government may award any or all line items, may withhold award of any or all line items, or may award to an offeror who proposes less than the full complement of services contained in this solicitation. Accordingly, output items 1 and 2 are optional deliverables while output items 3, 4, and 5 are applicable to all services provided. Offerors are encouraged to submit comprehensive proposals committing to provide all output listed in this solicitation. Offerors who propose less comprehensive approaches will be evaluated accordingly.

Output #1: Provide inpatient and outpatient facility services which conform to community standards and all local, state and Federal laws and regulations applicable to the delivery of health care to members of the general public. (Cross-reference pricing categories 1a and 1b.)

Output #2: Provide professional services which conform to community standards and all local, state and Federal laws and regulations applicable to the delivery of health care to members of the general public. (Cross-reference pricing categories 2a, 2b, and 2c.)

Output #3: Submit properly priced invoices for services rendered.

Output #4: Manage medical record information in a manner which promotes continuity of care while observing strictures on the release of information.

Output #5: Maintain open avenues of communication, facilitating the exchange of information between the contract provider, contract facility, and the Government regarding the contract services.

IV. Compliance with Contract Requirements

The Contractor's efforts under this contract shall be monitored to ensure that the required output is achieved. The Government reserves the right to inspect and evaluate in a reasonable manner all services rendered during the performance of this contract. The contractor's performance will be measured by the Government utilizing the outcome measure indicators provided in Attachment III.

The Contractor is responsible for all management and quality control actions necessary to meet the quality standards set forth by this contract. Prior to commencing performance, the Contractor shall develop and submit a quality control plan (QCP) for the USP's approval. Once the QCP is approved by the USP, the contractor shall utilize the QCP to guide and rigorously document the implementation of the required management and quality control actions to achieve the specified output.

V. Specific Requirements

Output #1: Provide inpatient and outpatient facility services which conform to community standards and all local, state and Federal laws and regulations applicable to the delivery of health care to members of the general public.

Output #1 is an optional deliverable. However, if the offeror proposes to provide these services, the following minimum requirements apply:

If proposed, the contractor shall provide facility services on an as-needed basis in a manner which adheres to community standards of quality and cost-effective medical care. The services required to satisfy Output #1 may include inpatient facility and outpatient facility, including emergency room services. Inpatient visits for nonemergency services shall require private room accommodations with available space for up to three armed or unarmed guards per inmate.

It is the USP's preference to obtain the services of facilities that are accredited by The Joint Commission. Offerors utilizing facilities which maintain accreditation by The Joint Commission shall submit a copy of the current accreditation certificate as part of the offeror's technical proposal. If an offeror intends to utilize a facility which is accredited or certified by any other recognized professional accrediting body, the offeror shall submit documentation validating this accreditation or certification as a part of its proposal.

US001816

The offeror's technical proposal shall discuss in detail the diversity of services, as well as the proximity of facility providers to the USP, that it is capable of providing to achieve Output #2.

Output #2: Provide professional services which conform to community standards and all local, state, and Federal laws and regulations applicable to the delivery of health care to members of the general public.

Output #2 is an optional deliverable. However, if the offeror proposes to provide these services, the following minimum requirements shall apply.

Community-Based Services

Professional services resulting from a BOP referral are necessary to be performed in a community-based setting (e.g., hospital facility, surgical center, physician's office, etc.). If proposed, the Contractor shall provide the services of professional medical staff who have appropriate educational qualifications, experience, licensure, and board certification (where required) to achieve Output #2. This output specifically excludes the provision of radiological interpretations of BOP-provided films, images, or other media.

If requested by the Contracting Officer, the Contractor shall be required to document primary source verification of the credentials for each provider including: current licensure from the appropriate State Board of Medical Examiners, education from professional schools or universities, evidence of completion of internships and/or residencies as appropriate.

Whenever possible, appointments for specialty care should be available within 14 calendar days from the date of referral to the specialty provider. This practice promotes the safety and security of the federal prisoner, the receiving correctional staff, and the general public. The medical urgency of any referral must receive consideration in the scheduling and delivery of professional services.

For prescriptions to be filled by the USP pharmacy, contract providers shall only prescribe pharmaceutical drugs that are listed in the approved BOP Formulary. The BOP Formulary can be accessed at www.bop.gov/bop/PDF/Formulary.pdf. Requests for exceptions shall be submitted to the Contracting Officer's Technical Representative (COTR), who shall obtain the required approvals. As part of the Discharge Instructions, the issuance of sample medication to any Federal inmate shall be prohibited.

The offeror's technical proposal shall discuss in detail the diversity of services, as well as the proximity of physician providers to the USP, that it is capable of providing to achieve Output #2.

Institution-Based Services

As an additional tool to satisfy Output #2, specialty services may be performed within the confines of the USP. If the resulting contract does not provide for telemedicine consultation or all of the on-site clinics listed, the USP reserves the right to pursue such contracts. The USP also reserves the right to determine the manner of an inmate's referral, i.e., via on-site clinic, via community-based referral, via telemedicine consult, or any other method the USP determines to be reasonable and appropriate.

If the contractor performs on-site specialty clinics at the USP, the following minimum requirements shall apply. Contract services shall be provided on-site within the Health Services Unit of the USP. Consultations shall be limited to the chief complaint as the BOP consultation form. Services shall include diagnosis and treatment of medical conditions with appropriate referral, if necessary, to a specialist at the contract medical facility. Scheduling of clinics shall be subject to the mutual agreement of the USP and the contract provider. Scheduling of inmates for on-site clinics shall be performed by the USP.

Providers performing institution-based services shall be licensed to practice medicine in the State of Pennsylvania. Provider performing these services shall apply for clinical privileges at the USP. All clinical privileges shall be appropriate to the qualifications of the provider and the resources of the facility where care is provided. Any clinical privileges granted due to the award of this contract shall be contingent upon the continuation of this contract and upon the provider's continued affiliation with the Contractor or any subcontractor. Continuation of privileges at the USP shall be at the sole discretion of the USP. Non-physician providers shall maintain active licensure from the State of Pennsylvania, as applicable.

The following specialty clinics/consultations may be conducted at the USP contingent upon an acceptable offer. The BOP reserves the right to award some, all, or none of the following on-site clinics.

General Surgeon

Optometrist

Orthopedic Surgeon

US001817

Provider Information

Submission of Provider Data to the BOP's Medical Claims Adjudicator. Within ten calendar days after notification that a third party medical claims adjudication service will be utilized by the USP, the contractor shall provide the BOP's medical claims adjudicator with a complete list of provider information, which will enable the claims adjudicator to accurately identify the correct payable amount for any provider performing services under the Contract. Specific informational requirements are provided in Attachment IV. Provider information supplied to the BOP's medical claims adjudicator should be appropriately marked to identify the data as proprietary information so that it may be adequately protected by the BOP and its contracted medical claims adjudicator. Provider information shall be submitted directly to the BOP's medical claims adjudicator. An individual provider is added to the contractor's network, the contractor shall provide the information listed in Attachment IV to the medical claims adjudicator no later than three business days prior to filing claims electronically for services rendered by such new providers.

National Provider Identifier (NPI) Numbers. The contractor shall only utilize providers who have a current National Provider Identifier (NPI) number.

Electronic Trading Partner Agreement. The BOP will execute the Electronic Trading Partner Agreement with the medical claims adjudicator (Attachment V). The contractor shall participate in the claims adjudication process described herein as a Business Associate of the BOP. As a Business Associate, the contractor agrees to abide by all terms of the Trading Partner Agreement as it pertains to Business Associates.

Technical Data for Submission of Claims. Prior to the submission of an invoice to the USP, the Contractor shall electronically transmit the information found on each individual invoice claim via ANSI X12 format only, to the BOP's medical claims adjudicator. After the Contractor's electronic transmission to the BOP's medical claims adjudicator, the Contractor shall promptly submit a paper copy of the invoice to the USP. The Contractor will also post the ANSI X12 file in an FTP site set up and maintained by the BOP's medical claims adjudicator. The only exception to the electronic filing requirement shall be corrected claims for professional services. Address information for the submission of a paper medical claim to the BOP's medical claims adjudicator is provided in Attachment VI, along with other pertinent details.

Procedures for Filing Corrected Medical Claims

Facility Services. If it becomes necessary to file a corrected medical claim for facility services, the Contractor shall electronically transmit the information found on each individual corrected medical claim via ANSI X12 format only, to the BOP's medical claims adjudicator. After the Contractor's electronic transmission to the BOP's medical claims adjudicator, the Contractor shall promptly submit a paper copy of the invoice or credit memo, as applicable, to the USP. Invoices for corrected medical claims shall be clearly marked as such and shall be separate from medical invoices. Invoices or credit memos for corrected medical claims shall detail information pertaining to the original claim submission, including any amount(s) previously paid, and shall bill only for the corrected medical claim submission or reflect the credit amount due for the corrected medical claim submission.

Physician/Professional Services. If it becomes necessary to file a corrected medical claim for physician/professional services, the Contractor shall submit the corrected medical claim in hard copy (i.e., paper) format to the BOP's medical claims adjudicator. The word "CORRECTED" shall be prominently displayed on the paper claim. After the Contractor's submission to the BOP's medical claims adjudicator, the contractor shall promptly submit a paper copy of the invoice or credit memo, as applicable, to the USP. Invoices for corrected medical claims shall be clearly marked as such and shall be separate from medical invoices. Invoices or credit memos for corrected medical claims shall detail information pertaining to the original claim submission, including any amount(s) previously paid, and shall bill only for the corrected medical claim submission or reflect the credit amount due for the corrected medical claim submission.

Payment by the USP. The USP will pay all invoices directly to the Contractor. If the invoice amount of a medical claim exceeds the adjudicated amount of that medical claim, the USP will take an administrative deduction from the invoice. The USP will provide written notification to the Contractor when an administrative deduction is taken from an invoice payment.

If the Contractor is in disagreement with the paid amount of a medical claim, the contractor will provide written notification to the USP of the disagreement along with supporting documentation for why the Contractor believes the medical claim was paid incorrectly. The USP will instruct the Contractor and the medical claims adjudicator to bring resolution to any disagreements. If it is determined that a medical claim was paid incorrectly by the USP, interest on the underpayment will be paid when required by the Prompt Payment Act.

US001819

Physical Therapy

Podiatry

In the event it becomes necessary for the Government to cancel a scheduled visit, the USP will provide the contract provider with 48-hour written or verbal notice prior to canceling a visit. However, certain circumstances beyond the control of the USP (e.g., fire or other Acts of God, institution disturbances, etc.) may dictate the cancellation of a scheduled visit with less than 48 hours written or verbal notice. In the event it becomes necessary for the contract provider to cancel a scheduled visit, the Contractor may provide qualified replacement professional staff or may reschedule a mutually agreeable replacement occasion. Prior to utilizing replacement staff, the Contractor must obtain preliminary clearance from the Contracting Officer or COTR, in accordance with the security and privileging requirements of this contract.

All contract personnel providing services within the confines of the USP shall have a complete background investigation conducted in accordance with BOP Program Statement 3000.23, "Human Resource Management Manual." See the "Contract Security/Investigative Requirements" contained within Section 4-1 of this solicitation/contract. All contract providers and other applicable staff who will enter the USP to perform services on a recurring basis shall be required to attend a four-hour institution orientation course held at the USP or a mutually acceptable site. A "background" orientation must be completed annually. The Contractor's costs for contract staff to attend this training shall be the responsibility of the Contractor. The Contracting Officer or COTR will be responsible for scheduling training for all applicable contract staff.

Output #3: Submit properly priced invoices for services rendered.

Overview. Upon completion of a treatment encounter, the contractor shall prepare and submit proper invoices for services rendered under this contract. For the purpose of this contract, a specific definition for what documentation constitutes an invoice is provided below. A proper invoice shall include the information specified in FAR clause 22.212-4, Contract Terms and Conditions - Commercial Items, paragraph (g). Services shall be invoiced in accordance with the terms and conditions of the contract, including the payment structure specified in the contract.

Invoice/Medical Claims Adjudication. The USP will employ a process of invoice/medical claims adjudication to ensure, at a minimum, that the services billed by the contractor are properly submitted and ordered by the USP, are appropriately coded in compliance with Medicare coding policies (where applicable), are properly priced in accordance with the terms and conditions of the contract, and do not represent duplicate billings for payments already made. In addition, the USP may utilize the services of a third-party medical claims adjudicator to review invoices submitted by the contractor under this contract. Where requested by the USP, the contractor shall comply with all reasonable requests for additional invoice/medical claim documentation. All invoice payments shall be made by the USP and any disagreements regarding the paid amount of any invoice shall be resolved directly with the USP.

Invoice Definitions

Line Item 1a - Inpatient Facility Services, 1b - Outpatient Facility Services, 1c - Inpatient Physician Services, 2b - Outpatient Physician Services, and 2c1 - Outpatient Institution Services - Other Physicians. All of the output of this contract, an invoice for services rendered under Line Items 1a, 1b, 2a, 2b, and 2c1 shall be a paper version of an invoice containing not more than 30 individual medical claims. Each invoice shall be supported with paper copies of Universal Billing (UB) 92 forms or Centers for Medicare and Medicaid Services (CMS) 1500 forms, as applicable, for each medical claim included in the invoice.

Following written notification to the contractor by the Contracting Officer that a third-party medical claims adjudicator will be utilized by the USP, an invoice for services rendered under Line Items 1a, 1b, 2a, 2b, and 2c1 shall be a paper invoice detailing not more than 30 individual medical claims which have been electronically transmitted to the BOP's medical claims adjudicator via American National Standards Institute (ANSI) X12 format that also conforms to Medicare and Medicaid Insurance Portability and Accountability Act of 1996 (HIPAA) electronic billing standards. For each medical claim included on the invoice, the contractor shall reference, at a minimum, the following information: YREGDOC number, inmate name and register number, date of service, provider of service, billed code, and contract amount billed. Medical claims detailed in the invoice shall be listed first in descending order by the YREGDOC number, second in ascending order by the inmate's last name, and third by ascending date of service (i.e., earliest to latest) when more than one medical claim is present for the same inmate within the same invoice.

The Contractor shall not submit a medical claim for processing that the Contractor knows or has reason to believe contains inaccurate, incomplete, or misleading information. Medical claims which contain inaccurate, incomplete, or misleading information shall be held by the Contractor and not submitted until such time as all lines are deemed to be accurate and complete. At that time, the Contractor may proceed with submitting the medical claim for processing and invoicing the USP for all services represented by that medical claim.

Line Item 2c2 - Outpatient Institution Services - Optometry. An invoice for services rendered under Line Item 2c2 shall be a paper invoice detailing the date(s) services were provided, the number of sessions provided, the unit pricing applied, and the extended total amount due. The BOP will not use the services of a third party medical claims adjudicator for verification of these services.

US001819

Timeliness of Medical Claims

Medical Claims shall be submitted/invoiced within 90 calendar days after an inmate's discharge or outpatient encounter or other service provided under this contract. Medical Claims which are submitted beyond the 90-day requirement shall constitute a performance deficiency under this contract and shall be discussed with the contractor's performance evaluations. Medical Claims which are submitted within the acceptable time period, but are found to contain errors or require further justification, will be rejected and shall be resubmitted by the contractor within 30 calendar days from the date of rejection. Upon resubmission, invoices for corrected medical claims shall bear the new date of submission.

No later than November 1 of each year, the contractor shall submit the billing process by reviewing its records, including those of subcontracted providers, to determine an estimated amount of outstanding charges for services provided through September 30 of that year. Based upon information generated through this review process, the contractor shall provide a written estimate to the USP of outstanding fiscal year obligations, supported by adequate documentation. This estimate and supporting documentation shall be provided to the Contracting Officer no later than December 1 of each year. The contractor shall put forth its best efforts to ensure the accuracy of the annual estimate provided to the Government.

Output #4: Manage medical record information in a manner which promotes continuity of care while observing restrictions on the release of information.

Upon request, authorized BOP staff shall have access to and obtain copies of all inmate medical records and evaluation and treatment reports prepared and maintained by the contract facility and contract providers. Inmate medical records will be subject to review by the USP for validation of payments and verification of services rendered. Release of information shall only be made in accordance with community standards, local Commission regulations, and the Privacy Act of 1974. Any request(s) for copies of an inmate's medical records by the inmate or a third party shall be directed to the COTR for processing.

Notwithstanding the above restrictions on the release of information, medical record information shall be provided to the USP in order to enhance inmate recovery as well as continuity of care. At the completion of treatment, the Contractor shall provide the USP with documented discharge instructions, as provided by the attending physician. A written report by the attending physician which documents the circumstances of the inmate's treatment, outpatient procedure, or other consultation shall be provided to the COTR within no business days of the inmate's discharge, outpatient procedure, or other consultation. All lab and consultation pending at time of discharge shall be filed to the COTR upon receipt but not later than ten calendar days past discharge.

Output #5: Maintain open avenue of communication, facilitating the exchange of information between the contract physician, contract facility, and the Government regarding the contract services.

The Contractor shall provide a Point of Contact (POC) who shall be responsible for facilitating the Contractor's delivery of health services under this contract. The POC shall have sufficient knowledge to enable preliminary technical consultation, with referral to a specialist if necessary. The Contractor shall designate this individual in writing to the Contracting Officer prior to the start date of the contract. Alternate POC's may be designated; however, the Contractor must identify those times when an alternate shall be the primary POC (i.e., after-hours and weekend referrals).

There shall be an open line of communication between the Contractor, its representatives, and the USP to ensure that only those services ordered by the institution are provided, unless required for intervention in a life-threatening emergency. In the event of a life-threatening emergency, the Contractor shall contact the COTR within a 24-hour time period or the next normal working day. All USP referrals shall be the sole responsibility and decision of the Government. No inmate may be transferred to another medical facility, with exception of emergency cases, without advanced approval by authorized USP medical staff.

VI. Enhancements to the Basic Contract Requirements

Offers are encouraged to propose enhancements to the basic contract requirements which will facilitate the USP's ability to conform to the BOP's stated mission. Due to security concerns inherent in transporting an inmate into the community for medical care, it is the USP's preference to treat inmates within the confines of a secure perimeter wherever possible. Offerings which assist the USP in mitigating security concerns are considered beneficial to the Government and will be evaluated for merit. Enhancements are not additional line items. Pricing for offered enhancements must be attached in the line item structure established within Section 2-1. Offerings of enhancements that are separately-priced line items will not be considered or accepted. The Government reserves the right to reject any offered enhancements that are determined not to be in the best interest of the Government.

The offeror's technical proposal shall discuss in detail any such enhancements proposed, including relevant terms and a detailed discussion of the merits of offered enhancements.

VII. Inmate Release from BOP Custody

Offers are advised that the BOP retains responsibility only for inmates in the custody of the BOP. The BOP's responsibilities, including fiscal responsibilities, end with the inmate's release from custody. Once released from custody, the former inmate will be

US001820

come personally liable for any further medical treatment received. When an inmate's term of commitment expires while the inmate is in pretrial status in a correctional facility, the BOP will use its best effort to notify the contractor in advance of the inmate's projected release date. In preparation of a pending release from BOP custody, the contractor shall provide planning assistance to an inmate who requires continuing or follow-up medical care that extends beyond his or her projected release date.

Should an inmate's release date come while in pretrial status in a correctional facility, the inmate's place of conviction and/or legal residence is outside the local area, and there are no other entities assuming custodial responsibility for the inmate, the BOP will accept financial responsibility for the inmate's medical care until the BOP can satisfy its obligation to provide release transportation for the inmate.

(End of Performance Work Statement)*****

Section 3 - Contract Clauses

A.1 ADDENDUM TO FAR 52.212-4, Contract Terms and Conditions—Commercial Items (June 2010)

The terms and conditions for the following clauses are hereby incorporated into this solicitation and resulting contract as an addendum to FAR clause 52.212-4.

Clauses By Reference

Clause	Title
52.203-12	Limitation On Payments To Influence Certain Federal Transactions (Sept 2007)
52.204-4	Prohibit or Copied Double-Sided on Recycled Paper (Aug 2000)
52.204-6	Personal Identity Verification of Contractor Personnel (Sept 2007)
52.212-4	Contract Terms and Conditions—Commercial Items (June 2010)
52.212-6	Publication Prevention and Right-to-Know Information (Aug 2002)
52.214-1	Privacy Act Notification (Apr 1984)
52.214-2	Privacy Act (Apr 1984)
52.216-6	Insurance - Work on a Government Installation (Jan 1987)
52.216-18	Availability Of Funds (Apr 1984)
52.217-2	Protection Of Government Buildings, Equipment, And Vegetation (Apr 1984)
52.218-1	Computer Generated Forms (Jan 1997)

Clauses By Full Text

US001821

US001822

(within the last five years), favorably adjudicated BI meeting HSPD-12 and DOJ's BI requirements.
 3. The DOJ's current selected contractor policy remains unchanged by this acquisition notice.
 Notes:
 1. FIPS 201 is available at: www.csrc.nist.gov/publications/PDF/fips201/fips-201-022503.pdf
 2. Under HSPD-12, long-term contractors are contractors having access to DOJ information systems and/or DOJ facilities or space for six months or longer. The PIV-I identity proofing process, including initiation and adjudication of the required background investigation, is required for all new long-term contractors regardless of whether it is the current practice to issue a badge. The second phase of HSPD-12 implementation (PIV-II) requires badge issuance to all affected long-term contractors.
 3. For contractors in position sensitivity/risk levels above level 1, a favorable review of a credit check is required as part of the pre-appointment waiver package.
 4. In order to avoid a delay in the hiring process, components should request an Advance NAC Report when initiating investigations to OPM. Per OPM's instructions, to obtain an Advance NAC Report, a Code "3" must be placed in block "B" of the "Agency Use Only" section of the investigative form. This report is available for all case types.
 5. For contractors in position sensitivity/risk levels above level 1, a favorable review of a credit check is required as part of the pre-appointment waiver package.

(End of Clause)

52.216-10.2 DOJ CONTRACTOR RESIDENCY REQUIREMENT (BUREAU OF PRISONS (JUNE 2004))

For three of the five years immediately prior to submission of an offer/bid/proposal, or prior to performance under a contract or commitment, individuals or contractor employees providing services must have:
 1. Legally resided in the United States (U.S.);
 2. Worked for the U.S. overseas in a Federal or military capacity; or
 3. Been a dependent of a Federal or military employee serving overseas.
 If the individual is not a U.S. citizen, they must be from a country allied with the U.S. The following website provides current information regarding allied countries: <http://www.opm.gov/employment/foreign/countries.htm>
 By signing this contract or commitment document, or by commencing performance, the contractor agrees to this restriction.
 (End of Clause)

52.209-8 (Deviation) Updates of Information Regarding Responsibility Matters (OCT 2009) (DEVIATION)

(a) (1) The Contractor shall update the information in the Federal Acquisition Performance and Integrity Information System (FAPIS) on a semi-annual basis, throughout the life of the contract, by posting the required information in the Central Contractor Registration database at <http://www.ccr.gov> (see 52.206-7).

(2) At the five semi-annual updates on or after April 15, 2011, the Contractor shall post again any required information that the Contractor posted prior to April 15, 2011.

(b) (1) The Contractor will receive notification when the Government posts new information to the Contractor's record.

(2) The Contractor will have an opportunity to post comments regarding information that has been posted by the Government. The comments will be retained as long as the associated information is retained, i.e., for a total period of 6 years. Contractor comments will remain a part of the record unless the Contractor revises them.

(3) Public access to information in FAPIS:

(i) Public requests for system information that was submitted prior to April 15, 2011, will be handled under Freedom of Information Act procedures, including, where appropriate, procedures promulgated under E.O. 12958.

(ii) As required by section 3609 of Public Law 111-212, all information posted in FAPIS on or after April 15, 2011, except past performance reviews, will be publicly available.

(End of Clause)

52.216-18 Ordering (Oct 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from the first day of the effective contract period through the last day of the effective contract period.
 (b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.
 (c) If issued, a delivery order or task order is considered "final" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic communication methods only if authorized in the Schedule.
 (End of clause)

US001823

52.214-20 Notice of Contractor Personnel Security Requirements (OCT 2005)

Compliance with Homeland Security Presidential Directive-12 (HSPD-12) and Federal Information Processing Standard Publication 201 (FIPS 201) "enriched" Personnel Identification Verification (PIV) for Federal Employees and Contractors," Phase I.

1. Long-Term Contractor Personnel

In order to be compliant with HSPD-12/PIV I, the following investigative requirements must be met for each new long-term² contractor employee whose background investigation (BI) process begins on or after October 27, 2005:

a. Contractor Personnel must present two forms of identification as original forms prior to badge issuance (acceptable documents are listed in Forms I-9, OMB No. (45)-5047, "Employee Eligibility Verification," and at least one document must be a valid State or Federal government-issued picture ID);

b. Contractor Personnel must appear in person at least once before a DOJ official who is responsible for checking the identification documents. This identity proofing must be completed sometime during the clearance process but prior to badge issuance and must be documented by the DOJ official;

c. Contractor Personnel must undergo a BI commensurate with the designated risk level associated with the duties of each position. Outlined below are the minimum BI requirements for each risk level:

- High Risk - Background Investigation (5 year scope)
- Moderate Risk - Limited Background Investigation (LBI) or Minimum Background Investigation (MBI)
- Low Risk - National Agency Check with Inquiries (NACI) investigation

d. The pre-appointment BI waiver requirements for all position sensitivity/risk levels are:

- 1) Favorable review of the security questionnaire form;
- 2) Favorable fingerprint results;
- 3) Favorable credit report, if required;³
- 4) Waiver request memorandum, including both the Office of Personnel Management schedule date and position sensitivity/risk level; and
- 5) Favorable review of the National Agency Check (NAC) portion of the applicable BI that is determined by position sensitivity/risk level.

A badge may be issued following approval of the above waiver requirements.

If the NAC is not received within five days of OPM's scheduling date, the badge can be issued based on a favorable review of the Security Questionnaire and the Federal Bureau of Investigation Criminal History Check (i.e., fingerprint check results).

e. Badge re-validation will occur once the investigation is completed and favorably adjudicated. If the BI results do justify, badges issued under these procedures will be suspended or revoked.

2. Short-Term Contractor Personnel

It is the policy of the DOJ that short-term contractors having access to DOJ information systems and/or DOJ facilities or space for six months or fewer are subject to the identity proofing requirements listed in items 1a. and 1b. above. The pre-appointment waiver requirements for short-term contractors are:

- a. Favorable review of the security questionnaire form;
- b. Favorable fingerprint results;
- c. Favorable credit report, if required;³ and

d. Waiver request memorandum indicating both the position sensitivity/risk level and the duration of the appointment. The waiver request BI does not need to be initiated.

A badge may be issued following approval of the above waiver requirements and the badge will expire six months from the date of issuance. This process can only be used once for a short-term contractor in a twelve month period. This will ensure that any consecutive short-term appointments are subject to the full PIV-I identity proofing process.

For example, if a contractor employee requires daily access for a three or four-week period, this contractor would be cleared according to the above short-term requirements. However, if a second request is submitted for the same contractor employee within a twelve-month period for the purpose of extending the initial contract or for employment under a totally different contract for another three or four-week period, this contractor would now be considered "long-term" and must be cleared according to the long-term requirements as stated in this interim policy.

3. Interim Contractors

An exception to the above-enumerated short-term requirements would be interim contractors.

a. For purposes of this policy, "interim" is defined as those contractor employees needing access to DOJ information systems and/or DOJ facilities or space for a maximum of one day per week, regardless of the duration of the required intermittent access. For example, the water delivery contractor that delivers water one time each week and is working on a one-year contract.

b. Contractors requiring intermittent access should follow the Department's escort policy. Please reference the August 11, 2004, and January 29, 2001, Department Security Officer policy memoranda that describe the requirements for contractor facility escorted access.

c. Due to extenuating circumstances, if a component requires unescorted access or DOJ IT system access for an intermittent contractor, the same pre-employment background investigation waiver requirements that apply to short-term contractors are required.

d. If an intermittent contractor is approved for unescorted access, the contractor will only be issued a daily badge. The daily badge will be issued upon entrance into a DOJ facility or space and must be returned upon exiting the same facility or space.

e. If an intermittent contractor is approved for unescorted access, the approval will not exceed one year. If the intermittent contractor requires unescorted access beyond one year, the contractor will need to be re-approved each year.

f. An individual transferring from another department or agency shall not be re-adjudicated provided the individual has a current

52.216-19 Order Limitations (Oct 1995)

(a) Minimum order. When the Government requires supplies or services covered by this contract in an amount of less than \$50.00, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) Maximum order. The Contractor is not obligated to honor:
 (1) Any order for a single item in excess of the estimated quantity within the current performance period as identified in Section 2.1;
 (2) Any order for a combination of items in excess of the estimated quantities within the current performance period as identified in Section 2.1; or

(3) A series of orders from the same ordering office within 30 days that together add up to quantities exceeding the limitation in paragraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.16-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any requirement from the Contractor if that requirement exceeds the maximum-order limitation in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitation in paragraph (b), unless that order (or orders) is returned to the ordering office within 7 days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of clause)

52.216-21 Requirements (Oct 1995)

(a) This is a requirements contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies or services specified in the Schedule are estimates only and are not purchased by this contract. Except as this contract may otherwise provide, if the Government's requirements do not result in orders in the quantities described as "minimum" or "maximum" in the Schedule, that fact shall not constitute the basis for an equitable price adjustment.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. Subject to any limitations in the Order Limitations clause or elsewhere in this contract, the Contractor shall furnish to the Government all supplies or services specified in the Schedule and called for by orders issued in accordance with the Ordering clause. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(c) Except as this contract otherwise provides, the Government shall order from the Contractor all the supplies or services specified in the Schedule that are required to be purchased by the Government activity or activities specified in the Schedule.

(d) The Government is not required to purchase from the Contractor requirements in excess of any limit on total orders under this contract.

(e) If the Government urgently requires delivery of any quantity of an item before the earliest date that delivery may be specified under this contract, and if the Contractor will not accept an order providing for the accelerated delivery, the Government may acquire the urgently required goods or services from another source.

(f) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The Contractor shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period, provided, that the Contractor shall not be required to make any deliveries under this contract after the last day of the effective contract period.
 (End of clause)

52.217-6 Option to Extend Services (Nov 1999)

The Contractor may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may restrict the option by written notice to the Contractor within the current performance period.
 (End of clause)

52.217-9 Option to Extend the Term of the Contract (Mar 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within current performance period, provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 60 days (60 days unless a different number of days is inserted) before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 5 years, but excludes the exercise of any option under the clause 52.217-6, Option to Extend Services, which is incorporated into this contract in full text.
 (End of clause)

52.218-40 CONTINUING CONTRACT PERFORMANCE DURING A PANDEMIC INFLUENZA OR OTHER NATIONAL EMERGENCY (May 2008)

US001824

During a pandemic or other emergency we understand that our contractor workforce will experience the same high levels of absenteeism as our federal employees. Although the Executive Order and Termination for Default clauses used in Government contracts that require and quarantine restrictions among the means to ensure delays in contract performance, we expect our contractors to make a reasonable effort to keep performance at an acceptable level during emergency periods.

The Office of Personnel Management (OPM) has provided guidance to federal agencies and employees on the kinds of actions to be taken to ensure the continuity of operations during emergency periods. This guidance is also applicable to our contract workforce. Contractors are expected to have reasonable policies in place for continuing work performance, particularly those performing mission critical services, during a pandemic influenza or other emergency situation.

The types of actions a federal contractor should reasonably take to help ensure performance are:

- Encourage employees to get inoculations or follow other preventive measures as advised by the public health service.
- Cross-train workers as backup for all positions performing critical services. This is particularly important for work such as guard services where telework is not an option.
- Implement telework to the greatest extent possible in the workplace so systems are in place to support successful remote work in an emergency.
- Communicate expectations to all employees regarding their roles and responsibilities in relation to remote work in the event of a pandemic health crisis or other emergency.
- Establish communication processes to notify employees of activation of this plan.
- Integrate pandemic health crisis response expectations into telework agreements.
- With the employee, assess requirements for working at home (supplies and equipment needed for an extended telework period). Security concerns should be considered in making equipment choices; agencies or contractors may wish to avoid use of employees' personal computers and provide them with PCs or laptops as appropriate.
- Determine how all employees who may telework will communicate with one another and with management to accomplish work.
- Practice telework regularly to ensure effectiveness.
- Make it clear that in emergency situations, employees must perform all duties assigned by management, even if they are outside usual or customary duties.
- Identify how time and attendance will be maintained.

It is the contractor's responsibility to advise the Government Contracting Officer if they anticipate not being able to perform and to work with the Department to fill gaps as necessary. This means direct communication with the Contracting Officer or in his/her absence, another responsible person in the contracting office via telephone or email message acknowledging the contractor's notification. The incumbent contractor is responsible for assisting the Department in estimating the adverse impacts of underperformance and to work diligently with the Department to develop a strategy for maintaining the continuity of operations.

The Department does reserve the right in such emergency situations to use Federal employees, employees of other agencies, contract support from other existing contractors, or to enter into new contracts for critical support services. Any new contracting efforts would be acquired following the guidance in the Office of Federal Procurement Policy Instruction "Emergency Acquisitions", May, 2007 and Subpart 18.2, Emergency Acquisition Flexibilities, of the Federal Acquisition Regulation.

(End of Clause)

52.213-6 Authorized Deviations in Clause (Apr 1984)

- (a) The use in this solicitation or contract of any Federal Acquisition Regulation (48 CFR Chapter 1) clause with an authorized deviation is indicated by the addition of (O) DEVIATION (after the date of the clause).
- (b) The use in this solicitation or contract of any Federal Acquisition Regulation, (48 CFR Chapter 28) clause with an authorized deviation is indicated by the addition of (O) DEVIATION (after the name of the regulation).
- (End of clause)

52.213-19 Availability Of Funds For The Next Fiscal Year (Apr 1984)

Funds are not presently available for performance under this contract beyond September 30 of the base year or any option year exercised. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30 of the base year or any option year exercised, until funds are available according to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

US001825

US001826

that may be exposed to the unsafe condition.

(c) When the Government receives notice of an unsafe condition from the contractor, the parties will agree on a course of action to mitigate the effects of that condition and, if necessary, the contract will be amended. Failure to agree on a course of action will constitute a dispute under the Disputes clause of this contract.

(d) Nothing contained in this clause shall relieve the contractor or subcontractors from complying with applicable Federal, State, and local laws, codes, ordinances and regulations (including the obtaining of licenses and permits) in connection with hazardous material including but not limited to the use, disturbance, or disposal of such material.

(End of Clause)

(END OF ADDENDUM TO FAR 52.213-4)

52.212-9 Contract Terms and Conditions Required to Implement Statutes or Executive Orders—Commercial Items (Oct 2007)

(a) The Contractor shall comply with the following Federal Acquisition Regulation (FAR) clauses, which are incorporated in this contract by reference, to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

- (1) 52.222-56, Combating Trafficking in Persons (Feb 2009) (22 U.S.C. 7194(g)).
- Alternate I (Aug 2007) of 52.222-56 (22 U.S.C. 7194(g)).

- (2) 52.223-3, Protest After Award (Aug 1996) (31 U.S.C. 3553).

- (3) 52.223-4, Applicable Law for Breach of Contract Claim (Oct 2004) (Pub. L. 108-77, 108-78).

(b) The Contractor shall comply with the FAR clauses in this paragraph (b) that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items.

(Contracting Officer check as appropriate.)

- xx (1) 52.203-4, Restrictions on Subcontract Sales to the Government (Sept 2006), with Alternate I (Oct 1993) (41 U.S.C. 253g and 41 U.S.C. 2402).

- xx (2) 52.203-13, Contractor Code of Business Ethics and Conduct (Apr 2010) (Pub. L. 110-252, Title VI, Chapter 1) (41 U.S.C. 251 note).

- xx (3) 52.203-15, Whistleblower Protections under the American Recovery and Reinvestment Act of 2009 (June 2010) (Section 1553 of Pub. L. 111-5). (Applies to contracts funded by the American Recovery and Reinvestment Act of 2009.)

- xx (4) 52.204-11, American Recovery and Reinvestment Act - Reporting Requirements (Mar 2009) (Pub. L. 111-5).

- xx (5) 52.215-3, Notice of Travel Restrictions for Small Business (Oct 1999) (15 U.S.C. 637a).

- xx (6) 52.219-4, Notice of Price Evaluation Preference for 501(c)(3) Small Business Concerns (July 2005) (If the offeror elects to waive the preference, it shall so indicate in its offer) (15 U.S.C. 637a).

- xx (7) (Reserved).

- xx (8) 52.219-4, Notice of Total Small Business Set-Aside (June 2003) (15 U.S.C. 644).

- xx (9) Alternate I (Oct 1995) of 52.219-4.

- xx (10) Alternate II (Mar 2004) of 52.219-4.

- xx (11) 52.219-7, Notice of Partial Small Business Set-Aside (June 2003) (15 U.S.C. 644).

- xx (12) Alternate I (Oct 1995) of 52.219-7.

- xx (13) 52.219-8, Small Business Subcontracting Plan (July 2010) (15 U.S.C. 637a-4)(1).

- xx (14) Alternate I (Oct 2001) of 52.219-8.

- xx (15) Alternate II (Jul 2010) of 52.219-8.

- xx (16) 52.219-14, Limitation on Subcontracting (Dec 1996) (15 U.S.C. 637a-4)(1).

- xx (17) 52.219-16, Limitation on Subcontracting (Dec 1996) (15 U.S.C. 637a-4)(1).

- xx (18) 52.219-17, Limitation on Subcontracting (Dec 1996) (15 U.S.C. 637a-4)(1).

US001827

US001828

(2) The Contractor shall make available at its offices at all reasonable times the records, materials, and other evidence for examination, audit, or reproduction, until 3 years after final payment under this contract or for any shorter period specified in FAR Subpart 4.7, Contractor Records Retention, of the other clauses of this contract. If this contract is completely or partially terminated, the records relating to the work terminated shall be made available for 3 years after any resulting final termination settlement. Records relating to appeals under the disputes clause or to litigation or the settlement of claims arising under or relating to this contract shall be made available until such appeals, litigation, or claims are finally resolved.

(7) As used in this clause, records include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of form. This does not require the Contractor to create or maintain any record that the Contractor does not maintain in the ordinary course of business or pursuant to a provision of law.

(v)(1) Notwithstanding the requirements of the clause in paragraph (6), (7), (8), and (9) of this clause, the Contractor is not required to flow down any FAR clause, other than those in this paragraph (v)(1) in a subcontract for commercial items. Unless otherwise indicated below, the extent of the flow down shall be as required by the clause—

(i) 52.203-13, Contractor Code of Business Ethics and Conduct (Apr 2015) (Pub. L. 110-352, Title VI, Chapter 1 (41 U.S.C. 251 note)).

(ii) 52.219-8, Utilization of Small Business Concerns (May 2004) (15 U.S.C. 637(a)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds \$50,000 (\$1,000,000 for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.

(iii) [Reserved]

(iv) 52.222-26, Equal Opportunity (Mar 2007) (E.O. 11246).

(v) 52.222-35, Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam War, and Other Eligible Veterans (Sept 2006) (38 U.S.C. 4312).

(vi) 52.222-36, Affirmative Action for Workers with Disabilities (June 1998) (29 U.S.C. 793).

(vii) [Reserved]

(viii) 52.222-41, Service Contract Act of 1965 (Nov 2007) (41 U.S.C. 351, et seq.).

(ix) 52.222-58, Combating Trafficking in Persons (Feb 2009) (22 U.S.C. 7194(g)).

____Altman 1 (Aug 2007) of 52.222-59 (22 U.S.C. 7194(g)).

(x) 52.222-51, Exemption from Application of the Service Contract Act to Contracts for Maintenance, Calibration, or Repair of Certain Equipment-Requirements (Nov 2007) (41 U.S.C. 351, et seq.).

(xi) 52.222-51, Exemption from Application of the Service Contract Act to Contracts for Certain Service-Requirements (Feb 2009) (41 U.S.C. 351, et seq.).

(xii) 52.222-54, Employment Eligibility Verification (Jan 2009).

(xiii) 52.226-6, Promoting Income Food Donations to Nonprofit Organizations (Mar 2009) (Pub. L. 110-247). Flow down required in accordance with paragraph (v) of FAR clause 52.226-6.

(xiv) 52.247-44, Preference for Privately Owned U.S.-Flag Commercial Vessels (Feb 2006) (46 U.S.C. App. 1241(b) and 10 U.S.C. 3613). Flow down required in accordance with paragraph (d) of FAR clause 52.247-44.

(2) While not required, the contractor may include in its subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(End of clause)

Section 4 - List of Attachments

US001829

The Contractor shall commence full performance of inpatient and Outpatient Facility/Physician Services under this contract within 30 calendar days from date of award of the contract and shall provide a complete security clearance investigation package for each Institutional-based provider no later than 30 calendar days from date of award. In accordance with FAR 46.503 and 46.403(a)(6), the place of acceptance for services under this contract is at the destination, the United States Penitentiary Lewisburg, PA. The Contractor shall provide the contract services independent of Government supervision.

Contract Administration: Contracting Officer Responsibility: Authority to negotiate changes in the terms, conditions, or amounts cited in this contract is reserved to the Contracting Officer. This responsibility may be delegated to an Administrative Contracting Officer by the Contracting Officer.

Ordering Official: Task orders may be issued only by the Contracting Officer, Administrative Contracting Officer, or an ordering official for the USP with an appropriate certificate of appointment or a delegation of authority for purchase card acquisitions. Task orders issued under the resulting contract will take the form of a BOP purchase request, purchase order, or purchase card acquisition form.

Contracting Officer's Technical Representative: The Contracting Officer will designate in writing a COTR who shall be responsible for:

- Monitoring technical progress, including surveillance and assessment of performance and issuing technical changes;
- Interpreting the scope of work;
- Technical evaluation as required;
- Technical inspection and acceptance;
- Assisting in the resolution of technical problems encountered by the service provider during contract performance;
- Monitoring funds available for obligation;
- Ensuring that task orders are issued in accordance with appropriate terms;
- Ensuring that invoices and payments are processed in a timely manner;
- Assisting in the resolution of administrative problems encountered by the service provider during the contract performance.

Contract Security/Investigative Requirements: The employees of the Contractor entering the institution shall meet certain security requirements as inclusive as institutional pass as required by Bureau of Prisons Program Statement 3000-51 dated December 19, 2007. Privacy concerns are the amount of contact that may occur between the Contractor and Inmate employees/subcontractors with the inmate population during the performance of the contract.

The program manager at the USP is responsible for conducting the appropriate vouchering, law enforcement checks, and ensuring that fingerprinting is completed on all Contractor staff that may need access inside the confines of the secure perimeter. The BOP personnel department will establish a security file that will be maintained on each of the contractor's employees/subcontractors from the beginning of the contract through its duration. The following investigative procedures will be performed:

National Crime Information Center (NCIC) check;
DOJ-99 (name check);
FO-258 (fingerprint check);
Law Enforcement Agency checks;
Vouchering of Employees;
Resume/Personal Qualifications;
OPM-320-A (Authority for Release of Information);
Complete Contractor Pre-employment form;
National Agency Check and Inquiries (NACI) check (if applicable); and
Urinalysis Test (for the detection of marijuana and other drug usage)

By submitting a proposal, the Contractor and its employees/subcontractors agree to complete the required documents and undergo the listed procedures. An individual who does not pass the security clearances will be unable to perform services under the contract. The final determination and completion of the security investigation procedures will be made at the sole discretion of the USP. All persons are advised that a urinalysis test for the detection of marijuana and other drug

US001831

Number	Title	Number of Pages
1	Attachment I - Comparison of Basic BOP-DOJ Payments - OBRA 68700	1
2	Attachment II - Medical Services - Lewis & Clark Clinic	2
3	Attachment III - Performance Based Contracting - Institution	3
4	Attachment IV - List of Provider Information Requirements	1
5	Attachment V - Medical Services - Lewis & Clark Clinic	1
6	Attachment VI - Institutional and Requirements for Special Cases	1
7	Attachment VII - Technical Proposal Summary Sheet	1
8	Attachment VIII - Past Performance Qualifications for Bureau of Prisons Medical Services Contract	1

4-1 Special Contract Conditions

SPECIAL CONTRACT CONDITIONS

Type of Contract: The Government contemplates award of an indefinite delivery, requirements type contract with firm fixed unit price resulting from this solicitation. It is anticipated that a contract award resulting from this solicitation will be made approximately October 1, 2012.

The resulting contract will include four 12-month option periods for renewal at the unilateral discretion of the Government. Pursuant to FAR 17.203(b), the Government's evaluation shall be inclusive of options. Pursuant to FAR 17.203(d), offers may offer varying prices for options, depending on the quantities actually ordered and the dates when ordered. Offers are advised that the Government has the unilateral right to exercise option periods in accordance with FAR 43.103(b) and 52.217-5, "Option to Extend the Term of the Contract" and 52.217-6, "Option to Extend Services", when conditions identified by FAR 37.111 exist.

Non-Personal Service Status: Award of this contract will result in a contractual arrangement only and shall not be construed as a personal appointment with the BOP. The services shall not constitute an employment/contractor relationship. Payments to the Contractor shall be based on the provision of an end product or the accomplishment of a specific task. Results to be obtained are within the Contractor's own unimpeded determination. The Contractor will not be subject to Government supervision but its efforts will be monitored for quality assurance.

Pursuant to FAR 37.401, the resulting contract shall be a non-personal health care services contract, under which the Contractor is an independent contractor. The Government may evaluate the quality of professional and administrative services provided, but retains no control over the medical, professional aspects of services rendered (e.g., professional judgments, diagnosis for specific medical treatment). The Contractor shall indemnify the Government for any liability producing act or omission by the Contractor, its employees and agents occurring during contract performance. The Contractor shall maintain medical liability insurance as required by FAR 52.237-7 entitled "Indemnification and Medical Liability Insurance". The Contractor is required to ensure that its subcontracts for provision of health care services contain the requirements of the clause at FAR 52.237-7 including the maintenance of medical liability insurance.

Reviews: The Contracting Officer or designee is authorized to review by on-site survey, review of records, or by any other reasonable means, the quality of services rendered under the contract. All records shall be subject to review by the Contracting Officer or other representative of the BOP.

Payments will be denied when such service does not support the charges or if the service is deemed not necessary or appropriate. Such determinations may be made by the Contracting Officer or COTR, whichever is appropriate. The provider shall furnish medical information including a narrative summary when requested by the Contracting Officer or designee. Adequate records shall be maintained to reflect accuracy with respect to claims submission as well as for quality and appropriateness of care. All records shall be subject to review by the Contracting Officer or other designated representatives of the BOP.

Performance: The period of performance of the resulting contract shall be as follows:

Base Year: Date of award (DOA) through 12 months from DOA
Option Year 1: 13 months through 24 months from DOA
Option Year 2: 25 months through 36 months from DOA
Option Year 3: 37 months through 48 months from DOA
Option Year 4: 49 months through 60 months from DOA

US001830

usage shall be performed. Any person(s) testing positive shall be disqualified from performing under the resulting contract. Any individual employed by the Contractor deemed not suitable by the Bureau of Prisons requirements will not be granted access to perform services under the contract. This is a condition of the contract. The Contractor must be in compliance with Department of Justice regulations at 6 CFR 274a regarding the employment of aliens. A copy of this directive is available upon the Contractor's request.

In addition, each contractor employee/subcontractor must attend an orientation program at the USP. The purpose of this program is to familiarize contractor employees/subcontractors with institution operations, the institution, and general rules of conduct and procedures inside the institution. Contractor employees/subcontractors shall adhere to all institution regulations regarding conduct and performance. Contractor employees/subcontractors will be allowed access to the institution at the sole discretion of the Chief Executive Officer (CEO). Any individual performing under this contract may be removed if it becomes apparent that his/her conduct does not reflect the conduct of that prescribed for those people performing under non-personal service contracts.

Schedule of Required Insurance: As required by FAR clause 52.228-5 entitled "Insurance - Work on a Government Installation" and 52.237-7 entitled "Indemnification and Medical Liability Insurance," the contractor shall, at its own expense, provide and maintain during the entire performance of the resulting contract, at least the kinds and minimum amounts of insurance required as listed below:

Professional Medical Liability: See FAR Clause 52.237-7, of this solicitation/contract.

Workers Compensation and Employers Liability: Contractor are required to comply with applicable Federal and State workers' compensation and occupational disease statute. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when contract operations are so commingled with a contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except in States with the exclusive or monopolistic funds that do not permit workers' compensation to be written by private entities. (FAR 28.307-2)

Comprehensive General Liability: \$500,000 per accident or occurrence for bodily injury. The insurance shall include contractors' product and liability.

However, if the contractor and/or subcontractor is an entity or a subdivision of a state that either provides for self-insurance and/or is limited by law to the amount of liability insurance that may be purchased by State entities, then the insurance requirement of this contract shall be fulfilled by incorporating the provisions of the applicable State law.

Before commencing work under this contract, the contractor shall certify to the Contracting Officer in writing that the required insurance has been obtained. The policies evidencing required coverage shall contain an endorsement to the effect that any cancellation or any material change adversely affecting the Government's interest shall not be effective (1) for such period as the laws of the state in which this contract is to be performed, or (2) until 30 days after insurer or the Contractor gives written notice to the Contracting Officer, whichever period is longer.

The Contractor shall insert the substance of this clause, including this paragraph, in subcontracts under this contract and shall require subcontractors to provide and maintain insurance required in the schedule or elsewhere in the contract. The Contractor shall maintain a copy of all subcontractors' proofs of required insurance, and shall make copies available to the Contracting Officer upon request.

Medical Malpractice: Except as provided elsewhere in this contract, the Contractor shall provide and maintain medical malpractice and each other insurance during the period of this contract. Refer to FAR 52.237-7, Indemnification and Medical Liability Insurance.

If the Contractor or provider who is providing services under this contract has pending litigation or administrative proceedings that may affect his/her license to practice medicine or standing as a fellow member in a professional organization, full disclosure shall be provided to the COTR and GO within five calendar days upon official notification.

If it is determined by the medical legal review that the standard of care has not been met or there is substantial evidence of negligence on the part of the Contractor or contract employee/subcontractor, regardless of the final judicial decision, the provider may be unable to perform under the contract.

Contractor Training and Courtesy Privileges: Contractor training and courtesy privileges may be extended to BOP medical staff and will be limited to care and treatment of Federal inmates to ensure continuity of care.

Quality of Patient Care/Non-Discrimination: The hospital and professional service providers will provide BOP patients under the terms of this contract the same or equal services to those provided to non-BOP patients. Professional service providers shall be provided within accepted professional standards.

US001832

Additional information concerning the Electronic Subcontracting Reporting System (eSRS) program can be located at <http://www.acquisition.gov> and <http://esrs.gov/>.

CHOWDHURY 00005

BRAC MEX. Socioecon DICI 481800709484. OPT SAB 11/29/2018 Coding Summary - scanned 11/11/2018

Page 1 of 1
(Printed by: Verizon, Inc.)

Page 2 of 2 Printed By: 2003119 on 9/17/2021 2:38:05 PM -00:00

CHOWDHURY 0006

¹SPHC Waves, Joshua Ortiz H0000700694 OPT DAS 11/10/2018 Demographic 11/10/2018

Page 1 of 1 Printed by: user108 on 9/17/2021 1:30:06 PM -04:00

CHOWDHURY 00007



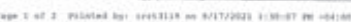
Page 1 of 1

CHOWHURY 00008



Page 1 of 1

CHOWDHURY 00009



CHOWDHURY 00010



CHOWDHURY 00011

SINC Notes, Joshua MOSES 401800705694 OPT GAS 11/30/2021 History and Physical - scanned 12/4/2018

ST FRANCIS MEDICAL CENTER
TRENTON, NEW JERSEY 08620

SHORT STAY
History & Physical

Antibiotic Care (ACI) ☐ Minor Surgery ☐ Chemotherapy/Treatment ☐ Cardiac Cath Lab ☐ Other ☐

HISTORY

Chief Complaint: Shortness of breath, chest pain

History Present Illness: For 2 days, chest pain, shortness of breath

Admission: 11/30/2021

Medications & Dosage: SEE LIST

Post Medical History: None

PHYSICAL EXAMINATION

Vital Signs: Normal

General Appearance: Well

HEENT: Normal

Heart: Normal

Lungs: Normal

Abdomen: Normal

Genitals: Normal

Extremities: Normal

Discharge Instructions: SEE SEPARATE

Physician Signature: Dr. Chowdhury, MD

Date: 11/30/21

Page 1 of 1 Printed by: vnet3118 on 11/17/2021 1:30:07 PM -04:00

CHOWDHURY 00012

SINC Notes, Joshua MOSES 401800705694 OPT GAS 11/30/2021 History and Physical - scanned 12/4/2018

Assessment Report

PI Name: MOSES, JOSHUA MRN: 00000449637

PI ID: 2018034482 Acct No: 401800705694

DOB: 05/11/1981 Age/Sex: 37Y/M

Adm Date: 11/30/2021 Att Dr: CHOWDHURY, BHANWAR MD

Disch Date:

Entity: ST Francis Medical Center

Patient Factors

Assessment Site: Complete

Collected By: SUZANNE BRAZEVYNSKI, RN

Collected D/Time: 11/30/2021 10:58

Calculus Factors

Height: 5'10.5 in

Weight: 178.5 lb

Weight: 80.5 kg

Weight: 180.0 kg

How We Obtained: Static

Body Mass Index: 28.12

Mode of Transportation: Ambulance

Clinical Note

Pre-Operative/Procedure Checklist

Assessment Site: In progress

Collected By: SUZANNE BRAZEVYNSKI, RN

Collected D/Time: 11/30/2021 11:08

Pre-Operative/Procedure Checklist

Surgery / Procedure Date: 11/30/2021

Prepared Surgery/Procedure #1 Name/Date: COLONOSCOPY AND EGD

Antibiotic Apply: Yes

Patient showered before arrival: No

Patient received nasal screening prior to arrival to facility: Not Applicable

Patient received nasal screening upon arrival to facility: Not Applicable

APOT: Yes

Medical Evaluation: Not Applicable

Cardiac Evaluation: Not Applicable

Cefix: Clearance: Not Applicable

ICD data available: Not Applicable

Type and Screen: Not Applicable

Type and Cross: Not Applicable

Autologous Blood available: Not Applicable

Chart X-ray: Not Applicable

ECG Present: Not Applicable

Pulmonary Function Tests: Not Applicable

Lab reports within 30 days: Not Applicable

Urine reports within 30 days: Not Applicable

Urine BACID: Not Applicable

Consent Medication List Verified: Yes

Hair removal completed: Not Applicable

Verify correct procedure and Site/Date with procedure schedule: Yes

Verify correct procedure and site/date with patient or agent: Yes

Site: Not applicable

General Consent: Yes

PI Name: MOSES, JOSHUA MRN: 00000449637

Entity: ST Francis Medical Center Page 1 of 1

Assessment Report

ONE_T9_0018_DISCH_ECDL not version v1.00

Generated By: EDR

Page 1 of 3 Printed by: vnet3118 on 11/17/2021 1:30:07 PM -04:00

CHOWDHURY 00012

SINC Notes, Joshua MOSES 401800705694 OPT GAS 11/30/2021 History and Physical - scanned 12/4/2018

Assessment Report

PI Name: MOSES, JOSHUA MRN: 00000449637

PI ID: 2018034482 Acct No: 401800705694

DOB: 05/11/1981 Age/Sex: 37Y/M

Adm Date: 11/30/2021 Att Dr: CHOWDHURY, BHANWAR MD

Disch Date:

Entity: ST Francis Medical Center

Pre-Operative/Procedure Checklist

Assessment Site: In progress

Collected By: SUZANNE BRAZEVYNSKI, RN

Collected D/Time: 11/30/2021 11:08

Pre-Operative/Procedure Checklist

Temperature: 36.4 Cel

BP #1: 120/6

Pulse: 82

Respirations: 14

Pulse Ox (L): 100

Height: 5'10.5 in

Weight: 178.5 lb

Weight: 80.5 kg

Weight: 180.0 kg

Body Mass Index: 28.12

Antibiotic Therapy prescribed and based on SGP protocol? No

Patient on Beta Blocker: No

DVT Prophylaxis Ordered: No

Belongings Comment: ON STRETCHER

Other Item returned: DENTAL CONTACTS OR DENTURES

Disposition of Belongings/Inhalable: PT HAS BULLETS IN RT KNEE AND 3 IN SACRAL AREA

Does Patient have DNR order? No

Clinical Note

Vaccines

Assessment Site: Complete

Collected By: SUZANNE BRAZEVYNSKI, RN

Collected D/Time: 11/30/2021 11:00

Vaccines

Patient is 65 years or older? No

Age 5 to 64 years old with high risk condition? No

Age 6 months and older? Yes

Vaccinated this flu season? No Unsure

Flu Contraindications: No Contraindications

Flu Site Info Given: 11/30/2021

Clinical Note

Vascular Access Devices

Assessment Site: Complete

Collected By: CAROL A CHESNOS, RN

Collected D/Time: 11/30/2021 13:32

Vascular Access Devices

Vascular Access Type 1: Peripheral IV

Lumen 1: 1 Lumen

Vascular Access Site 1: Forearm - Right

Site 1: 230

Date Inserted 1: 11/30/2021

PI Name: MOSES, JOSHUA MRN: 00000449637

Entity: ST Francis Medical Center Page 1 of 1

Assessment Report

ONE_T9_0018_DISCH_ECDL not version v1.00

Generated By: EDR

Page 2 of 3 Printed by: vnet3118 on 11/17/2021 1:30:07 PM -04:00

CHOWDHURY 00012

SINC Notes, Joshua MOSES 401800705694 OPT GAS 11/30/2021 History and Physical - scanned 12/4/2018

Assessment Report

PI Name: MOSES, JOSHUA MRN: 00000449637

PI ID: 2018034482 Acct No: 401800705694

DOB: 05/11/1981 Age/Sex: 37Y/M

Adm Date: 11/30/2021 Att Dr: CHOWDHURY, BHANWAR MD

Disch Date:

Entity: ST Francis Medical Center

Vascular Access Devices

Assessment Site: Complete

Collected By: CAROL A CHESNOS, RN

Collected D/Time: 11/30/2021 13:32

Vascular Access Devices

Time Inserted 1: 11:15

Inserted by: 1: GARY LUE, RN

DVT Discontinued 1: 11/30/2021

Time Discontinued 1: 13:20

Phlebotomy Score 1: 0 - Healthy

Clinical Note

Vascular Access Devices

Assessment Site: Complete

Collected By: SUZANNE BRAZEVYNSKI, RN

Collected D/Time: 11/30/2021 11:24

Vascular Access Devices

Vascular Access Type 1: Peripheral IV

Lumen 1: 1 Lumen

Vascular Access Site 1: Forearm - Right

Site 1: 230

Date Inserted 1: 11/30/2021

Time Inserted 1: 11:15

Inserted by: 1: GARY LUE, RN

Clinical Note

PI Name: MOSES, JOSHUA MRN: 00000449637

Entity: ST Francis Medical Center Page 1 of 1

Assessment Report

ONE_T9_0018_DISCH_ECDL not version v1.00

Generated By: EDR

Page 3 of 3 Printed by: vnet3118 on 11/17/2021 1:30:07 PM -04:00

CHOWDHURY 00012

SPHC Nurse, Joshua SDC# 401800705694 OPT GAB 11/30/2018 eOutpatient Assessment 11/30/2018

Assessment Report

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Pt ID: 2018034482 Acct No: 401800705694
 DOB: 05/11/1981 Age/Sex: 37Y/M
 Adm Date: 11/02/2018 Att Dr: CHOWDHURY, BHANWAR MD
 Disch Date:
 Entity: ST Francis Medical Center

Outpatient Pre-Procedure Assessment

Assessment Site: Complete
 Collected By: SUZANNE BRZEZYNSKI, RN
 Collected Date: 11/02/2018 11:00

Outpatient Pre-Procedure Assessment

Date of Pre-Procedure Assessment: 11/02/2018
 Source of Info: Self, Healthcare Provider
 Is the patient able to give informed consent: Yes
 Surgery / Procedure Date: 11/02/2018
 Proposed Surgery/Procedure #1 Name/Date: COLONOSCOPY AND EGD
 Travel outside US less than 1 yr? No
 Height: 5'10.0 in
 Weight: 170.0 lb
 BMI: 25.12
 How MR Obtained: Stated
 Body Mass Index: 25.12
 Spiritual/Cultural Beliefs: No
 Spiritual/Cultural Values: No
 Spiritual/Cultural Customs: No
 Responsible Person to Drive Patient Home: FOR DOX IMMARS

Zika Screening

Zika Screening Already Done for this Visit: No
 Have You Travelled to Zika Area: No

Infection Control

N/A: Yes

Past Medical History

Gastrointestinal: GERD/Heartburn
 Other Diseases: REMOVED SMALL BOWEL AND APPENDIX DUE TO GUN SHOT
 Pt Medical Hx Comment: HX OF BLEEDING ULCER
 Past Surgical History: Appendectomy
 Previous Anesthesia Complication: None Known
 Pain 1 Scale: 0
 Pain 1 tool used: Numeric
 Currently Participating in Clinical Trial? No
 Medical Problems Mother: Diabetes
 Medical Problems Father: Not Known
 Past Surgical Comments: KIDNEY REPAIR DUE TO GUN SHOT WOUNDS

Immediate Pre-Procedure

Source of Info: Self, Healthcare Provider
 Last PO/Per Tube Intake - Lignide: 11/02/2018 22:00

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Entity: ST Francis Medical Center Page 1 of 3
 Adm Date: 11/02/2018
 Page 1 of 3 Printed By: test3318 on 8/17/2021 1:30:07 PM -04:00
 CHOWDHURY00017

SPHC Nurse, Joshua SDC# 401800705694 OPT GAB 11/30/2018 eOutpatient Assessment 11/30/2018

Assessment Report

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Pt ID: 2018034482 Acct No: 401800705694
 DOB: 05/11/1981 Age/Sex: 37Y/M
 Adm Date: 11/02/2018 Att Dr: CHOWDHURY, BHANWAR MD
 Disch Date:
 Entity: ST Francis Medical Center

Outpatient Pre-Procedure Assessment

Assessment Site: Complete
 Collected By: SUZANNE BRZEZYNSKI, RN
 Collected Date: 11/02/2018 11:00

Immediate Pre-Procedure

BP #1: 120/76
 Pulse: 62
 Respirations: 14
 Pulse O2 (%): 100
 Oriented To: Person, Place, Time
 Pain 1 Scale: 0
 Pain 1 tool used: Numeric
 Temperature: 36.4 Cel

Cell Risk

Confusion / disorientation / impulsivity: No confusion / disorientation / impulsivity
 Symptomatic depression: No symptomatic depression
 Altered Elimination: No altered elimination
 Vertigo/Dizziness: No dizziness / vertigo
 Gender (Male): Gender (Male)
 Administered Antiepileptics: No administered antiepileptics
 Administered Benzodiazepines: No administered benzodiazepines
 Got up and go test: Ability to rise in a single movement - No loss of balance with steps
 Got Up Zero: 0
 Got Up Zero: 0
 Fall Risk Total for order form: 1
 Fall Risk Total Score: 1

Risk Screening

Alcohol Use? No
 Drives in Past Year: Never (0)
 Audit C Test: 0
 Smoking History: Never Smoker
 Smoking Cessation Program? Written Material
 Are you worried about your safety at home? No
 Is there anyone hitting, hurting, or scolding you to feel unsafe? No
 Are you concerned that you might hurt someone else? No
 Do you feel you are being taken advantage of by anyone? No
 Do you have any history of physical or sexual abuse? No
 Have you wished you were dead or wished you could not wake up? No
 Have you actually had any thoughts of killing yourself? No
 Have you ever done anything or prepared to end your life? No
 Homicide Ideations? No
 Hidden Risk for trigger evaluation: 0
 Hidden Risk to adjust audit C total: 1

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Entity: ST Francis Medical Center Page 2 of 3
 Adm Date: 11/02/2018
 Page 2 of 3 Printed By: test3318 on 8/17/2021 1:30:07 PM -04:00
 CHOWDHURY00017

SPHC Nurse, Joshua SDC# 401800705694 OPT GAB 11/30/2018 eOutpatient Assessment 11/30/2018

Assessment Report

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Pt ID: 2018034482 Acct No: 401800705694
 DOB: 05/11/1981 Age/Sex: 37Y/M
 Adm Date: 11/02/2018 Att Dr: CHOWDHURY, BHANWAR MD
 Disch Date:
 Entity: ST Francis Medical Center

Outpatient Pre-Procedure Assessment

Assessment Site: Complete
 Collected By: SUZANNE BRZEZYNSKI, RN
 Collected Date: 11/02/2018 11:00

Risk Screening

Hidden Risk for trigger evaluation: 0

Vascular Access Review

VAG NA: Yes

Clinical Note:

PAT Education

Assessment Site: Complete
 Collected By: SUZANNE BRZEZYNSKI, RN
 Collected Date: 11/02/2018 10:58

PAT Education

Education related to: Pre-op care / routine, Procedure
 Patient will verbalize: Preop care / routine
 Patient Education Interventions: Answer patient's questions related to surgery

Clinical Note:

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Entity: ST Francis Medical Center Page 3 of 3
 Adm Date: 11/02/2018
 Page 3 of 3 Printed By: test3318 on 8/17/2021 1:30:07 PM -04:00
 CHOWDHURY00017

SPHC Nurse, Joshua SDC# 401800705694 OPT GAB 11/30/2018 eOutpatient Assessment 11/30/2018



St. Francis Medical Center

601 Hamilton Avenue
 Trenton, New Jersey 08629-1986
 Tel: (609) 599-5290 Fax: (609) 599-6243

Robert L. Moser, MD FCAP
 Medical Director of Pathology
Surgical Pathology Report

Patient Name: MOSES, JOSHUA Case #: SP18-2392
 Med. Rec. #: 44937 Date Taken: 11/02/2018
 DOB: 5/11/1981 (Age: 37) Account #: 401800705694
 Gender: M Location: MMS (SFH)
 Attending Physician: Bhawanwar Chowdhury, MD Clinic: SPH
 Submitting Physician: Bhawanwar Chowdhury, MD Invoice ID: 55716086
 Copy To: FOR DOX

PROCEDURE

EGD AND BIOPSY

SOURCE OF SPECIMEN

A. Antrum

SPECIFIC QUESTION(S) ASKED

RO H. PYLORI

PRE-OP DIAGNOSIS

GERD

POST-OP DIAGNOSIS

GERD

GROSS DESCRIPTION

The patient's name on the specimen container matches the name on the requisition form. The specimen is received in formalin labeled "antrum" and consists of two fragments of tan tissue measuring 0.1-0.3 cm. RLM/vjs

FINAL DIAGNOSIS

GASTRIC ANTRUM (BIOPSY):
 SLIGHT CHRONIC INFLAMMATION IN BENIGN GASTRIC ANTRAL MUCOSA.
 SPECIAL STAIN IS NEGATIVE FOR HELICOBACTER ORGANISMS. NO EVIDENCE OF NEOPLASM.

COMMENT

Control slide(s) for the above special stain(s) showed the expected results.

Electronically Signed By: Leslie Mathias, MD 12/07/2018
 ST 52 551-1 LDM/mec

MOSES, JOSHUA

Page 1 of 1

Pt Name: MOSES, JOSHUA MRN: 00000449637
 Entity: ST Francis Medical Center Page 3 of 3
 Adm Date: 11/02/2018
 Page 3 of 3 Printed By: test3318 on 8/17/2021 1:30:07 PM -04:00
 CHOWDHURY00017

Surgical Pathology Report

Page 1 of 3 Printed By: test3318 on 8/17/2021 1:30:07 PM -04:00

CHOWDHURY00019

Page 1 of 4. Printed by: 193.50.138.40 on 8/3/2021 1:30:08 PM -04:00

CHOWDHURY 00020

Page 2 of 4. PUBLISHED BY: PROVISION ON 8/17/2021 1:30:08 PM -04:00

CHOWDHURY 00021

Page 3 of 4 Printed on: 2011/05/20 1:00:04 AM -04:00

CHOMCHURY 00021

Source: U.S. Census Bureau, *Marriage, Divorce, Remarriage in the 1990s*, p. 100.

CHOWDHURY 2003

Page 1 of 7 | Published by: <https://doi.org/10.1515/2015-0018> on: 8/17/2021 1:30:00 PM ©44:00

CHOWDHURY 00024

Page 2 of 7 printed by: 193.10.133 on 5/17/2024 1:30:35 PM -04:00

CHOWDHURY 00025

Page 3 of 7 Printed by: user3019 on 9/17/2021 11:38:10 AM -04:00

CHOWDHURY 00028

Page 4 of 7 Received by: nrt11111 on 9/17/2021 1:30:00 PM -04:00

CHOWDHURY 00027

SFC Moses, Joshua ERN 401800705694 OPT GAB 11/30/2018 Endoscopy Report - Bharwarlal Chowdhury, MD, Gary Liu, MD 11/30/2018



681 Hamilton Ave Trenton, NJ 08629

Patient Name: Joshua Moses Date of Birth: 5/11/1981
 Age: 37 Gender: Male
 MRN: 00000449637 Procedure Date: 11/30/2018 12:15 PM
 Attending MD: Bharwarlal Chowdhury, MD Account Number: 401800705694

- Normal stomach. Biopsied.
 - Normal examined duodenum.

Recommendation: - Await pathology results.

Bharwarlal Chowdhury, MD

Bharwarlal Chowdhury, MD

Signed Date: 11/30/2018 12:52:45 PM

This report has been electronically signed by Bharwarlal Chowdhury, MD

Note Initiated On: 11/30/2018 12:15:21 PM

Endoscopy Department

Powered by Proton MD

Page 2 of 2 Printed by: 1003319 on 5/17/2021 1:30:10 PM -04:00

Page 2 of 2
CHOWDHURY 00032

SFC Moses, Joshua ERN 401800705694 OPT GAB 11/30/2018 Endoscopy Report - Bharwarlal Chowdhury, MD, Gary Liu, MD 11/30/2018



681 Hamilton Ave Trenton, NJ 08629

Patient Name: Joshua Moses Date of Birth: 5/11/1981
 Age: 37 Gender: Male
 MRN: 00000449637 Procedure Date: 11/30/2018 12:17 PM
 Attending MD: Bharwarlal Chowdhury, MD Account Number: 401800705694

- No specimens collected

Recommendation: - Repeat colonoscopy in 10 years for screening purposes.

Bharwarlal Chowdhury, MD

Bharwarlal Chowdhury, MD

Signed Date: 11/30/2018 12:50:13 PM

This report has been electronically signed by Bharwarlal Chowdhury, MD

Note Initiated On: 11/30/2018 12:17:23 PM

Endoscopy Department

Powered by Proton MD

Page 2 of 2 Printed by: 1003319 on 5/17/2021 1:30:10 PM -04:00

Page 2 of 2
CHOWDHURY 00034

SFC Moses, Joshua ERN 401800705694 OPT GAB 11/30/2018 Endoscopy Report - Bharwarlal Chowdhury, MD, Gary Liu, MD 11/30/2018



681 Hamilton Ave Trenton, NJ 08629

Patient Name: Joshua Moses Date of Birth: 5/11/1981
 Age: 37 Gender: Male
 MRN: 00000449637 Procedure Date: 11/30/2018 12:17 PM
 Attending MD: Bharwarlal Chowdhury, MD Account Number: 401800705694

Addendum (appears at end of report if more than 0) 0

Procedure: Colonoscopy

Indications: Screening for colorectal malignant neoplasms

Providers: Bharwarlal Chowdhury, MD, Gary Liu, RN

Referring MD: PRADEP PATEL, MD

Medications: See the Anesthesia note for documentation of the administered medications

Complications: No immediate complications

Estimated Blood Loss: Estimated blood loss: none

Procedure: The patient was NPO, and an intravenous was inserted. Universal time out was done. EKG, pulse oximetry and blood pressure were monitored through out the procedure. The scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was adequate.

Findings:

The perianal and digital rectal examinations were normal.

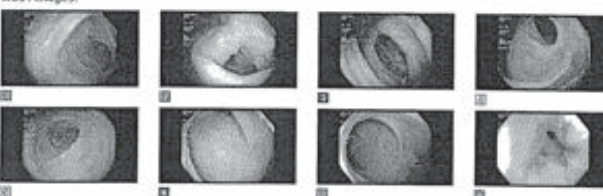
The colon (entire examined portion) appeared normal.

Scope In: 12:29:28 PM

Scope Out: 12:42:02 PM

Scope Withdrawal Time: 8 Minutes 18 Seconds

Add'l Images:



Impression: - The entire examined colon is normal.

Endoscopy Department

Powered by Proton MD

Page 1 of 2 Printed by: 1003319 on 5/17/2021 1:30:10 PM -04:00

Page 1 of 2
CHOWDHURY 00033

SFC Moses, Joshua ERN 401800705694 OPT GAB 11/30/2018 Pre-Post Procedure 11/30/2018



Universal Protocol Checklist

Procedure: Colonoscopy Date: 11/30/18 Outpatient Arrival Time: 1:05
☐ Left ☐ Right ☐ Bilateral ☐ Level ☐ Multiples ☐ No Laterality/Level

If Conscious Sedation, is assessment done and signed by physician Y N N/A

If at any time there is a question or discrepancy regarding any category, the procedure will be held until the question/discrepancy can be resolved and clarification obtained. Process # 1 and # 2 must be completed prior to the Patient entering the Procedure/Surgical Suite.

1. Please Initial Verification of (through documentation, discussion with patient, and site marking)

Unit/Holding	Procedure	Action
GL	GL	Correct Patient (Name and Date of Birth)
GL	GL	Consent Procedure
GL	GL	Correct Site (if Applicable)
GL	GL	Consent Informed Consent
GL	GL	Dated, timed and signed by provider
GL	GL	Pre-anesthesia assessment and consent
GL	GL	Dated, timed and signed by provider
GL	GL	Blood Informed Consent
GL	GL	Dated, timed and signed by provider
GL	GL	Physician's history and physical on chart, 30 days old or less and updated with in 24 hours after patient admission or prior to surgery whichever comes first.
GL	GL	Lab Results available if applicable and properly labeled
GL	GL	X-rays available if applicable and properly labeled
GL	GL	Implants, Special equipment Available as Requested and on site.
GL	GL	Blood Products available if requested.

Unit: 101 Signature: [Signature] Time: 1:05
 Holding Signature: [Signature] Time: 1:00
 Procedure Signature: [Signature] Time: 1:20

2. Site Marked by Provider/Physician:

YES	N/A	Action
GL	GL	Procedure site marked with Provider's Initials. Multiple sites are labeled and marked according to the surgical procedure consent
GL	GL	Site mark was not marked due to:
GL	GL	<input type="checkbox"/> Site marking not required
GL	GL	<input type="checkbox"/> Provider is in continuous attendance with the patient
GL	GL	<input type="checkbox"/> Refused by Patient. Place temporary blue stripe wrist band on the side of the procedure. The band will contain the patient's name, date of birth, intended procedure and site(s).
GL	GL	Signature: [Signature] Time: 1:20

10TMC-0000

Page 1 of 2

END 00034

Page 2 of 2 Printed by: 1003319 on 5/17/2021 1:30:10 PM -04:00

CHOWDHURY 00035

BPC 00000, Joshua MOSES 00190070584 BPT 045 11/15/2018 Pre-Post Procedure 13/26/2019



1. Time Out: Remove temporary wrist band (if used) and utilize the bracelet for site/side verification during the "time-out." Just before the procedure begins and in the location of where the procedure will take place. All team members will agree by verbal affirmation to each element.

YES	N/A	Action	YES	N/A	Action
GL		Correct Patient	GL		Relevant images and results properly labeled and appropriately displayed
GL		Correct Position	GL		Allergies or Precautions based on patient history or Medication Use.
GL		Correct Site, if applicable, Correct Side	GL		Administration of Antibiotic if ordered.
GL		Correct Procedure	GL		Fluids available for Integritation if ordered.
GL		Team Members introduce themselves and state role verbally	GL		Accurate procedure consent
			GL		Agreement on Procedure to be done

Signature: *[Signature]* Time: 1220
 Physicians Present: *Chowdhury* Surgeon/Physician *GL Lin* RN *K. Gallagher* Scrub
 Anesthesiologist: *S. Macomber* Other: *[Signature]*

YES	N/A	Action
GL		1. Does medical record incision time match the anesthesia record for incision time?
GL		2. Has antibiotic prophylaxis been documented within the last 60 minutes prior to incision time? Confirmed by Anesthesia and re-dosing discussed.

Signature: *[Signature]* RN Time: 1242

Sign-out

YES	N/A	The nurse verbally confirms:
GL		1. The name of the procedure
GL		2. Completion of instrument, sponge and needle counts
GL		3. Specimen labeling (read specimen labels aloud, including patient name)

Signature: *[Signature]* Time: 1242
 Physicians Present: *Chowdhury* Surgeon/Physician *GL Lin* RN *K. Gallagher* Scrub
 Anesthesiologist: *S. Macomber* Other: *[Signature]*

MC-0000

Page 2 of 2

BPC 00000

Page 2 of 2 Printed by: 11/15/2019 11:30:10 AM -05:00

CHOWDHURY 00036

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: MOSES, JOSHUA Reg #: 55715-088 Complex: FTD
 Date of Birth: 05/11/1981 Sex: M
 Report of Consultation: Urology Subtype: Follow Up Consult
 Inmate Name: MOSES, JOSHUA Reg #: 55715-088
 Date of Birth: 05/11/1981 Sex: M
 Institution: FORT OX FCI
 5756 HARTFORD & POINTVILLE RD
 FORT OX, New Jersey 08540
 6097231100

Assessment:

Integritation
Relevant medical history
→ 6T +
 Plan: *6T abnormality 4/3 phlebotomy*

Signature
Date

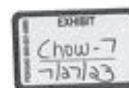
Completed By:

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Forensic.

Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.



Generated 06/15/2019 14:47 by Wale, Kimberly HT

Bureau of Prisons - FTD

Page 2 of 2
US_DMD_001628Bureau of Prisons
Health Services
Cosign/Review

Inmate Name: MOSES, JOSHUA Reg #: 55715-088
 Date of Birth: 05/11/1981 Sex: M Race: BLACK
 Scanned Date: 07/19/2019 12:26 EST Facility: FTD

Reviewed by Sood, Ravi MD on 07/19/2019 13:23.

RECEIVED 06/15/2019 18:00H

06/15/2019 18:02:49 Rep/Care-1285721285 ->

Rep/Care: Inc

Page 825

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: MOSES, JOSHUA Reg #: 55715-088 Complex: FTD
 Date of Birth: 05/11/1981 Sex: M
 Report of Consultation: Gastroenterology Subtype: Follow Up Evaluation
 Inmate Name: MOSES, JOSHUA Reg #: 55715-088
 Date of Birth: 05/11/1981 Sex: M
 Institution: FORT OX FCI
 5756 HARTFORD & POINTVILLE RD
 FORT OX, New Jersey 08540
 6097231100

Assessment:

62 consult done
H/O short bowel syndrome, chronic
diarrhea, abd. pain, on + off. occ.
vomiting, wt loss.
MD: abd. soft, mid line scar of prior
surgery. no palpable masses. as normal.
or abd. stools in chm.
As chm. constipation, diarrhea, short bowel
Reg: 1. Colace 200 mg po daily
2. Fiber 2 Tbsp po daily
3. Rantyl 100mg 0-80 pm for abd. cramps.

Signature
Date

Completed By:

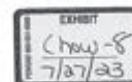
DR Sood, Thanks B Chowdhury MD

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Forensic.

Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.



Generated 06/15/2019 09:24 by Wale, Kimberly HT

Bureau of Prisons - FTD

Page 2 of 2

Bureau of Prisons - FTD

US_DMD_001629

US_DMD_001614

LMA LifeCare Physicians of Hamilton
1225 White Horse-Mercerville
Hamilton, NJ 08609
Tel: (609) 585-6060

LMA Clinic Note

Name: JOSHUA MOSES
Date of Birth: 05/11/1981
Date of Service: 08/27/2019
MRN: T1579235
Pl. Acct#: T1579235
Dictated By: RAJIV SHAH, MD

HISTORY OF PRESENT ILLNESS:
This is a 38-year-old male here for evaluation of intermittent abdominal pain, nausea, vomiting and constipation approximately 2 months' duration. He says he has nausea even with liquids.

PAST MEDICAL HISTORY:
Gunshot wound.

PAST SURGICAL HISTORY:
Multiple abdominal surgeries and chest surgery after which he had a large part of his small bowel removed and some part of his colon and he has been diagnosed with short gut syndrome.

MEDICATIONS:
He is on:
1. Acetaminophen.
2. Omeprazole.

ALLERGIES:
1. CHESALTA.
2. DICYCLIMINE.

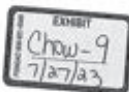
PHYSICAL EXAMINATION:
GENERAL: He is alert and oriented.
ABDOMEN: Soft, nondistended, slightly tender in the midline where the scars, otherwise his midline scars well healed. No evidence of any hernias. He had a CAT scan done according to him 3-5 weeks ago, report is unavailable at the system.

IMPRESSION AND PLAN:
So my impression is the patient most likely has a partial small-bowel obstruction from adhesions, also may be due to short gut syndrome. He needs a GI evaluation for medical management and the CT scan report should be faxed to my office for evaluation and he may need a small bowel series to evaluate the overall small intestine in the colon after his multiple surgeries.

ELECTRONICALLY SIGNED BY RAJIV SHAH, MD ON 09/04/2019 15:52:27
RAJIV SHAH, MD

RS/In/Job #: 098244 / DID: 1579235
DD: 08/27/2019

LMA Clinic Note
Page 1 of 1



US_DMD_001616

LMA LifeCare Physicians of Hamilton
1225 White Horse-Mercerville
Hamilton, NJ 08609
Tel: (609) 585-6060

LMA Clinic Note

Name: JOSHUA MOSES
Date of Birth: 05/11/1981
Date of Service: 08/27/2019
MRN: T1579235
Pl. Acct#: T1579235
Dictated By: RAJIV SHAH, MD

DT: 08/28/2019

LMA Clinic Note
Page 2 of 2

US_DMD_001617

RECEIVED 16/09/2019 01:00PM
18/09/19 13:32:58 RegCare-2057911285-0
Referrals: Inc Page 015

Bureau of Prisons
Health Services
Consultation Request

Female Name: MOSES, JOSHUA
Date of Birth: 05/11/1981
Reg #: 50710-050
Sec: M
Complex: P10
Report of Consultation: Gastroenterology
Subtype: Initial Evaluation
Female Name: MOSES, JOSHUA
Date of Birth: 05/11/1981
Reg #: 50710-050
Sec: M
Institution: FORT Dix FCI
1755 HARTFORD & POINTVILLE RD
FORT DIX New Jersey 08940
6087281100
10-28-19

Assessment: GI Consult done.
H/O bowel resection, short bowel syndrome.
Adhesions causing GI symptoms. Has lost weight.
O/E: Abd. soft, long mid line scar.
No palpable masses. US not palpable.

Plan: Rec: 1. Ensure 1 can twice daily
2. Multivitamin 1 tab. daily
3. Low lactose diet.

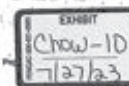
Signature: Dr. Scott, thanks.
Completed By: B. Blumby, MD

Report may be handwritten or (preferably) typed on this form. If distributed on office or hospital letterhead to Bureau, please indicate source(s) of findings or recommendations to be noted upon pending final report.
Follow-up services and primary responsibility for inmate health care remain with Bureau of Prisons staff. When the institution of a consultation request with this template may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Pharmacy.

Please notify institution prior to rescheduling surgery dates or follow-up appointments.
Inmate not to be informed of appointment dates.

Revised 10/02/01 to 10/03 by Health Services Unit

Bureau of Prisons - P10



US_DMD_001610